Ministry of Health
Medical Services Branch

Annual Statistical Report for 2016-17

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Preface

This fiscal year 2016-17 report prepared by the Medical Services Branch, pursuant to Section 36 of *The Saskatchewan Medical Care Insurance Act*, is a statistical supplement to the Saskatchewan Ministry of Health Annual Report. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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www.saskatchewan.ca/government/government-structure/ministries/health#annual-reports

Highlights

Medical Services Plan

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a variety of physician, optometrist and dental services. The Plan also provides funding to support clinical services provided by faculty at the College of Medicine, medical resident salaries and a range of physician recruitment and retention initiatives.

In 2016-17, the MSP provided for **in-province expenditures** of $896.7 million, while **program payments** totalled $106 million and **medical education payments** were $67.6 million. Utilization increases were seen in optometry related to expanded coverage for diabetic eye exams whereas utilization of dental services decreased in 2016-17.

- **Benefits paid for insured services** - provided by physicians, optometrists, and dentists - amounted to $681.9 million, an increase of 6.9% on a per capita basis (Table 8) from the previous year. Over the last five years the cost of these benefits has grown on average by approximately 4.8% per year.

	2015-16 (000's)	2016-17 (000's)	Per Capita Change
Physicians	$623,333	$667,247	4.80 %
Optometrists	$12,397	$12,880	1.70 %
Dentists	$2,157	$1,725	-21.80 %
Total	$637,887	$681,852	6.9 %

- **Number of insured services** - provided by physicians, optometrists, and dentists – totalled 13.4 million services, an increase of 2.8% on a per capita basis (Table 7) from the previous year. Over the last five years the number of services has grown on average by 3.3% per year.

	2015-16 (000's)	2016-17 (000's)	Per Capita Change
Physicians	12,627	12,979	0.58 %
Optometrists	356	378	4.19 %
Dentists	19	13	-31.25 %
Total	13,002	13,370	0.64 %

- **Out-of-Province:** Payments for Saskatchewan beneficiaries receiving insured services (physician, dentists, optometrist and hospital) outside of Saskatchewan totalled $134.2 million, down 12.6% from the previous year. Over the last five years, expenditure on out-of-province services has increased on average by 1.3% per year.
- **Cost of out of province residents receiving services** (physician and hospital) within Saskatchewan (excluding Quebec and Out-of-Canada Beneficiaries) totalled $42.5million (Table 12 & 14a) a decrease of 2.6%. Over the past five years, hospital and physician costs for non-Saskatchewan beneficiaries have increased on average by 2.5% per year.
- **Cost of services outside of Canada for Saskatchewan patients with prior approvals** totaled $1.6M, a decrease of 41.9% from the previous year.

	2015-16	2016-17
Number of Patients	45	39
Practitioner Costs (000's)	$617	$274
Hospital Costs (000's)	$2,163	$1,339
Total Costs (000's)	$2,780	$1,613

Note: the number of patients receiving out-of-country services in a year may not equal the number of out-of-country prior approvals during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.

Physician Remuneration

- Payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled $548.7 million in 2016-17 (see *Total Expenditures 2016-17*), an increase of 4.3% from 2015-16.
- Non-fee-for-service funding arrangements for physician services represent a large area of provincial health expenditures. In 2016-17, this sector accounted for $334 million, 27.7% of the Saskatchewan Ministry of Health's total in-province services expenditures. The majority of non-fee-for-service expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (e.g. radiology, laboratory and emergency services).
- Average payment per physician is calculated based on total payments (includes payments and shadow billings – define as physicians who are not billing fee-for service (FFS), and whose submissions to MSB do not generate an actual payment) in a given year divided by the number of active physicians. In 2012-13 and 2013-14, payments for programs negotiated in the last Saskatchewan Medical Association agreement, including Family Physician Comprehensive Care, Metro On-Call, General Practitioner Specialist, Chronic Disease Management and Physician Compensation Quality Improvement Program, were included in the average payment calculation, which resulted in an over-statement of average payment for physicians - most notably General Practitioners. For example, the average program payment to a General Practitioner in 2013-14 totalled approximately $21,000. Since 2014-15, the methodology has been refined and program payments have been removed. This provides a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments pre and post 2014-15 should be done with caution.
- Average payments to active physicians vary by specialty (Table 25):

General Practitioners	$254,100
Specialists	$447,900
All Physicians	$343,400

(see "Active" definition - *Statistical Figures and Tables*)

Physician Supply

- Physician supply is measured in two ways: the number of active physicians (those billing more than $60,000 in the fiscal year) and the number of licensed physicians (the total number of those qualified to practice in the province at the end of the year). Information in this report is presented based on either active or licensed physician numbers in order to improve accuracy.
- **Licensed physicians:** (see "Licensed" definition - *Statistical Figures and Tables*) The number of licensed physicians on March 31, 2017 was 2,491, an increase of 4.9% from the previous year. Over the past five years, the number of licensed physicians has grown on average by 4.7% per year.
- **Active physicians:** (see "Active" definition *Statistical Figures and Tables*) The number of active physicians on March 31, 2017 was 1,771, an increase of 4.2% from the previous year. Over the past five years, the number of active physicians has increased on average by 4.0% per year.
- The number of **active rural general practitioners (GP)** was 248 at March 31, 2017, a decrease of nine physicians or -3.5% from the previous year. Over the last five years the number of active rural GPs has increased on average by 4.4% per year (Table 24).
- The number of **active GPs in metro areas** (Regina and Saskatoon) has grown to 478, an increase of 28 physicians or 6.2% from the previous year. Over the past five years, the number of active metro GPs has increased on average by 3.9% per year (Table 24).
- The number of **active GPs in other urban areas** has grown to 229, an increase of 18 physicians or 8.5% from the previous year. Over the past five years, the number of active urban GPs has increased on average by 4.3% per year (Table 24).
- The number of **active specialists** has grown to 816, an increase of 35 physicians or 4.5% from the previous year. Over the past five years, the number of specialists has increased on average by 4.2% per year (Table 24).
- **Turnover/Change of Practice:** Each year physicians relocate to and from Saskatchewan, as well as move within the province or change the nature of their practice. Turnover is calculated as the percentage increase or decrease from the active physicians

practicing at the end of the previous fiscal year compared to active physicians practicing at the end of the current year. Turnover reflects the percentage of physicians who have changed their practice from one year to the next; it does not reflect the percentage of physicians not retained. Turnover for all physicians has increased by 2.4% from the previous year (Table 18).

	2015-16 Turnover	2016-17 Turnover
Rural GPs	16.5%	20.8%
Metro GPs	5.8%	10.9%
Urban GPs	12.9%	7.5%
All Physicians (incl. Specialists)	9.3%	11.7%

- Physician supply is affected by a number of initiatives and programs supported within the Medical Services Plan including the Saskatchewan International Physician Practice Assessment (SIPPA) program and an increase in the retention rate of University of Saskatchewan (U of S) family physicians. See Appendix for more information on recruitment and retention initiatives.

Educational Programs

- The Medical Services Branch supports the Medical Education System managed by the College of Medicine, with funding of $67.6 million in 2016-17 (including Clinical Services Fund and various bursaries). The Medical Education System covers the following areas:
  - Clinical Services Fund;
  - Programs and stipends such as the Academic Clinical Funding Plan, International Medical Graduates (IMGs), distributive medical education, student loan interest relief, JURSI (Junior Undergrad Rotating Student Internship) stipend and the Academic Health Sciences network; and,
  - 447 post-graduate medical resident positions, including distributed post graduate medical education in Prince Albert, Swift Current, La Ronge, Moose Jaw and North Battleford (see Table 33).

Medical Services Plan Coverage Benefits

Eligibility for Benefits

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a variety of physician, optometrist, and dental services.

All residents of Saskatchewan, with a few exceptions (e.g. members of the Canadian Armed Forces and inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being residency and registration with Health Registration Services at eHealth. No premiums are levied.

Insured services are governed by *The Saskatchewan Medical Care Insurance Act*, and further defined in the respective Payment Schedules established under the Act.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of medical conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- anaesthesia for pain management; and,
- all dental anaesthesia primarily for patients under 14 years.

Diagnostic Services includes:

- out-of-hospital x-ray services, including interpretation, provided by a specialist in radiology),
- an approved list of office-based laboratory services provided by a physician other than a pathologist; and,
- other diagnostic services provided by a physician.

Preventive Medical Services includes:

- immunization services where not available through any government or regional health authority;
- examination and report for adoptions for both child and parents;
- examination and report for persons becoming foster parents; and,
- a routine physical examination by a physician.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with the Saskatchewan Cancer Agency.

Optometric Services

Coverage for routine eye examinations, partial examinations and tonometry by optometrists is limited to the following four categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program;
- those with a diagnosis of diabetes; and,
- patients 65 or older receiving a Seniors Income Plan supplement.

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- for patients less than 18 years of age examinations are limited to once every 12 months (this coverage is provided by MSP);
- for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to once every 12 months;
- for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to once every 24 months.

The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, is also insured. Effective October 1, 2014, an annual eye exam for patients diagnosed with diabetes is also insured along with select diagnostic tests.

Dental Services includes:

Services in connection with maxillofacial surgery required to treat a condition caused by an accident;

Certain services in connection with abnormalities of the mouth and surrounding structures;

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist;

Certain x-ray services when provided by a dentist who is a specialist in oral radiology; and

Extraction of teeth medically required to provide:

- heart surgery;
- services for chronic renal disease;
- head and neck cancer services; and,
- services for total joint replacement by prosthesis where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from Medical Services Branch of the Ministry of Health was received.

Dental implants are covered in exceptional circumstances:

- tumours – including benign and malignant; and,
- congenital – including cleft palate and metabolic.

For dental implants, the referring specialist in oral maxillofacial surgery must request and receive prior approval from Medical Services Branch of the Ministry of Health.

Chiropractic Services

The Medical Services Plan only provides coverage for chiropractic x-rays provided by a chiropractor. The total payments and number of these services are traditionally very low and, unless otherwise noted, have not been included in the data of this report. In 2016-17 Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program and seniors (age 65+) receiving a Seniors Income Plan supplement were covered for a maximum of 12 chiropractic services per year.

Out-of-Province Services

Physician Services

Services provided by physicians in other provinces except Quebec, are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for publicly funded physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Non-emergency services provided outside of Canada are only insured with prior approval from the Medical Services Branch of the Ministry of Health. Emergency physician services obtained out-of-country are reimbursed at Saskatchewan rates.

Hospital Services

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement between provincial public health plans. The hospital bills the provincial health plan of the province in which services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons travelling outside Canada are covered on the following basis: up to $100 (Canadian) per day for in-patient services and up to $50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from the Medical Services Branch of the Ministry of Health.

Exclusions

The Medical Services Plan does not insure the following services::

- health services received under other public programs including: *The Workers' Compensation Act*, federal Department of Veteran Affairs, *The Mental Health Services Act*;
- the cost of travel, accommodation and meals;
- surgery for cosmetic purposes;
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings/ requirements, vehicle seatbelt exemptions or at the request of a third party;
- autopsy;
- ambulance services and other forms of transportation of patients;
- services provided by special duty nurses;
- services provided by chiropodists, podiatrists, naturopaths or osteopaths;
- services provided by chiropractors – except x-rays provided by chiropractors, and for those beneficiaries covered under the Supplementary Health Program, Family Health, or Seniors Income Plan;
- dentistry, except as described under Insured Services - Dental Services;
- drugs and dressings;
- appliances (e.g. eyeglasses, artificial limbs);
- routine eye examinations by physicians – coverage is limited to those beneficiaries who would be covered under the optometric program;
- electrolysis;
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over;
- reversals of sterilization for the purposes of restoring fertility;
- implantation of penile prosthesis;
- removal of lesions for cosmetic purposes;
- injection of asymptomatic varicose veins;
- non-medically required circumcisions; and,
- breast screening mammographies for women 50 years of age and older (available and funded through the provincial Screening Program for Breast Cancer).

Methods of Payment

MSP makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules; and,
- salary, contractual or sessional payment arrangements funded through Regional Health Authority Boards and the College of Medicine.

The Primary Health Services Branch provides global funding for the operation of four community clinics.

Practitioners may choose to practice entirely outside MSP, in which case the services provided by that practitioner are uninsured.

Professional Review

A Joint Medical Professional Review Committee with the professional association and licensing body evaluates the billing patterns of practitioners. This committee is empowered to order the recovery of payments that have been inappropriately billed by practitioners (see Table 2).

Total Expenditures 2016-17

		Expenditures ($000's)	
In-Province Services			
Physician Fee-For-Service (FFS) Sub-Total			548,697
Physician Non-Fee-For-Service (Non-FFS)			
	Medical Remuneration & Alternate Payments	229,025	
	[1,2]Primary Health Services	75,964	
	[1,2]Saskatchewan Cancer Agency	28,992	
Physician Non-Fee-For-Service (Non-FFS) Sub-Total			333,981
Optometry Services Sub-Total			12,373
Dental Services Sub-Total			1,653
	Sub-Total: Payments for In-Province Services		**896,704**
Programs and Recruitment & Retention Initiatives			
General Practitioner			
	Family Physician Comprehensive Care Program and Metro On Call	14,646	
	Rural Emergency Coverage Programs	8,638	
	Regional Locum Program	3,880	
	Saskatchewan International Physician Practice Assessment (SIPPA)	2,450	
	Chronic Disease Management - Quality Improvement Program	3,000	
	General Practitioner Specialist	734	
	Rural Physician Incentive	700	
	Rural Practice Establishment Grants	413	
	Rural and Remote Incentives	2,378	
	Family Medicine Bursaries	350	
	Rural Practice Enhancement Training	0	
General Practitioner Sub-Total			37,189
Specialist			
	Specialist Emergency Coverage Programs (SECP)	31,678	
	Specialist Practice Establishment Grant	923	
	Specialist Resident Bursary Program	0	
	Specialist Rural & Remote Incentives	786	
	Specialist Physician Enhancement Training Bursary	299	
Specialist Sub-Total			33,686

Other			
	Canadian Medical Protective Agency (CMPA) Funding	7,000	
	Electronic Medical Records Program	9,300	
	Physician Retention Fund	2,900	
	Continuing Medical Education Program	4,650	
	Quality Access Fund	2,990	
	saskdocs	1,370	
	Parental Leave Program	1,300	
	Practice Enhancement Program	75	
	One-time SMA Program Funding	5,600	
Other			35,185
	Sub-Total: Programs and Recruitment & Retention Initiatives		**106,060**
Medical Education			
	Clinical Services Fund (College of Medicine)	59,575	
	Other Medical Education	8,021	
	Sub-Total: Medical Education		**67,596**
Other Provincial Payments and Administration			
	[3]Out-of-Province	129,410	
	Quality Assurance Diagnostic Imaging and Lab Programs	600	
	Dental Residency Grants	150	
	Administration	4,071	
	Sub-Total: Other Provincial Payments and Administration		**134,231**
	Total Expenditures		**1,204,591**

[1] Expenditures in these areas are managed by other Branches of the Ministry of Health.
[2] These expenditures include payments to physicians only.
[3] Includes physician, optometric and dental services, and hospital costs paid reciprocally for Saskatchewan beneficiaries.

Note: Ministry funding for physician services may not equal physician expenditures by RHAs.

Statistical Figures and Tables

Introductory Notes

General – The following tables are based upon MSP payments made during 2016-17 on a fee-for-service and non-fee-for-service basis for medical, optometric and dental services provided to Saskatchewan beneficiaries.

A global system of payment for medical services is used for four community clinics in the province; however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects, including primary health care projects, have their services recorded on the same basis as fee-for-service items (shadow billing). For statistical purposes, all shadow-billing data is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Data Limitations – Numbers of certain services or service groupings may differ from year to year as a result of bundling/unbundling or restructuring fee codes through Payment Schedule changes. The level of shadow billing for other than fee-for-service methods of payment can impact the data presented in this report.

Date of Payment – Statistics are based upon the date the service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2016-17 include some services provided in 2015-16. Fiscal years typically consist of 26 pay runs.

Payment Adjustments – The difference between payments shown in *Total Expenditures 2016-17* and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries, adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Primary Health Services Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements.

Payments to Locum Tenens – Where a physician acts as the principal for a locum tenens physician who is not fully licensed by the College of Physicians and Surgeons of Saskatchewan, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College.

Retroactive Payments – From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Any such payments, whether included or excluded from the data tables, are included in the *Total Expenditures 2016-17*.

Optometric Services under Supplementary Health – For statistical purposes optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10, 15 and Figure 2)

Service groupings are based on CIHI's (Canadian Institute for Health Information) national grouping system categories.

(a) **Consultations** – a consultation is the referral of a patient by one physician to another for examination, diagnosis, and requires a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(b) **Major Assessments** – a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.

(c) **Other Assessments** – Other assessments are visits that comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.

(d) **Psychotherapy/Counselling** – Includes treatment interview, group therapy, and counselling (including healthy lifestyle/health education counselling).

(e) **Hospital Care** – Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits, covered by a composite payment such as hospital care following surgery, are not included.

(f) **Special Calls and Emergency** – Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.

(g) **Major Surgery** – All 42 day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.

(h) **Minor Surgery** – All 0 and 10 day surgical procedures excluding those falling in the Obstetrics classification.

(i) **Surgical Assistance** – Services of physicians as required to assist the surgeon at an operation, includes assistant standby.

(j) **Obstetrics** – Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.

(k) **Anaesthesia** – All anaesthetic procedures, pain management and pain clinic services are included in this category.

(l) **Diagnostic Radiology** – All out-of-hospital technical procedures and interpretations by specialists in radiology.

(m) **Laboratory Services** – All common office laboratory services provided by a physician other than a pathologist.

(n) **Other Diagnostic and Therapeutic Procedures** – All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolau smears, and resuscitation and intensive care.

(o) **Special and Miscellaneous Services** – Includes medical examinations for adoptions, for rape victims, for follow-up cancer reports; examinations and certifications of mental health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice by physicians to allied health personnel via telecommunications; and any other services not elsewhere classified.

(p) **Services by Optometrists** – Includes eye examinations to determine the refractive state of the eye, partial examinations, tonometry testing, diabetic eye exams and assessments of ocular urgencies and emergencies when provided by an optometrist. Optical coherence tomography and retinal photography are also insured for individuals with a diagnosis of diabetes.

(q) **Dental Services** – Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures. Includes coverage of dental implants, in exceptional circumstances, where prior approval from Medical Services Branch of the Ministry of Health was received.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. **Physicians**

(a) **General Practitioner** – A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. This includes physicians who, while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.

(i) **Metro** – A general practitioner who practises in Regina, Saskatoon, or a recognized bedroom community.

(ii) **Urban** – A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.

(iii) **Rural** – A general practitioner who practises in a locality having fewer than 10,000 residents.

(iv) **Association** – A general practitioner who maintains patients' medical records with one or more physicians.

(v) **Solo** – A general practitioner who is not working in association with another physician.

(b) **Specialist** – A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan is eligible to receive MSP payments at specialist rates. As of April 1, 2004, a foreign certified physician is eligible to receive MSP payments at specialist rates for both visits and procedures. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.

II. **Optometrist** – A practitioner registered with the Saskatchewan Association of Optometrists.

III. **Dentist** – A practitioner registered with the College of Dental Surgeons of Saskatchewan.

Notes:

Definition of a Licensed Physician – Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

Definition of Active Physician – Licensed physicians receiving $60,000 or more in MSP payments (or shadow billings) during the year and practising in Saskatchewan under MSP coverage at the end of the year. Data captured for physicians participating in non-fee-for-service arrangements may not be complete. General Practitioners are categorized in the location group in which they earned the most income if they practised in various clinics or areas throughout the year.

Table 1

Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services[1] (000's)	Total Per Cent Change In Per Capita Costs[2]	Per Cent Change Due to Fee Schedule Increases[4]	Per Cent Change Due to Utilization Increases[5]
2012-13	571,711	5.27	2.93	2.27
2013-14	590,150	0.32	0.00	0.32
2014-15	609,474	1.01	0.00	1.01
2015-16[3]	637,221	4.49	0.96	3.49
2016-17	667,247	2.47	2.66	-0.19
Average Annual Per Cent Change 2012-13 to 2016-17	3.94	2.07	0.91	1.16

[1] All physician, optometric and dental insured services are included. Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.
[2] Current year cost per capita figures have been adjusted for program coverage and covered population to allow for comparison to the previous year. The total per cent change in per capita costs compares the adjusted per capita payments from one year to the next.
[3] Lump sum payments in lieu of retroactive amendments to Payment Schedules made to physicians are excluded.
[4] Fee schedule increases are based on theoretical values of fee and new items increases.
[5] The change in utilization may be affected by changes in data capture for physicians participating in or switching to non-fee-for-service arrangements.

Table 2

Adjustments and Recoveries by the Medical Services Plan

	2015-16		2016-17	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Adjustments on In-Province Claims[1]	2,390	10,885.4	2,454	12,445.9
Routine Adjustments on Out-of-Province Claims[1]	–	1,948.2	–	1,552.5
Special MSP Studies and Professional Review Activity[2]	11	510.6	7	1233.7
Third Party Liability Recoveries[3]	–	3,740.5	–	3,861.6
Total	–	**17,084.7**	–	**19,093.7**

[1] All physician, optometric and dental insured services are included.
[2] The dollar amounts are recoveries resulting from the correction of payments as revealed by the Professional Review Committees, general overpayment corrections or bankruptcies. The total may include funds paid in this fiscal year but requested in a previous year.
[3] The dollar amounts are recoveries from the cost of health services collected under the authority of *The Health Administration Act*.

Table 3

Claims Paid by Method of Billing

Claims Received from:	Number of Claims Paid		Per Cent of Claims Paid	
	2015-16	2016-17	2015-16	2016-17
Physicians, Dentist & Dental Surgeons	**8,614,512**	**8,811,717**	**97.30**	**97.28**
In-Province Claims[1]	8,299,594	8,486,399	93.75	93.69
Out-of-Province Reciprocal Billing[2]	313,528	324,305	3.54	3.58
Other Out-of-Province	1,390	1,013	0.02	0.01
Optometrists[3]	**236,649**	**244,643**	**2.67**	**2.70**
In-Province Claims	235,361	243,476	2.66	2.69
Out-of-Province	1,288	1,167	0.01	0.01
Beneficiaries[4]	**2,196**	**2,013**	**0.02**	**0.02**
Total	**8,853,357**	**9,058,373**	**100.00**	**100.00**

[1] Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services and for SGI driver medicals and visual exams.
[2] Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.
[3] Includes claims for optometrist services covered by the Supplementary Health Program.
[4] Payments made directly to beneficiaries for claims.

Note: See "Data Limitations" in *Statistical Figures and Tables*.

Table 4

Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2016		Rate Per 1,000 Beneficiaries			
			Services		Payments (000's)	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	7,643	7,503	15,514	14,080	972,535	864,814
1 - 4	32,002	30,765	6,854	5,850	377,993	314,149
5 - 14	76,574	73,200	4,259	4,093	195,534	182,379
15 - 24	77,138	73,473	4,362	8,585	213,808	435,190
25 - 44	168,879	160,603	5,772	12,235	278,823	658,475
45 - 64	149,414	145,168	11,100	13,583	568,972	671,804
65 and over	78,261	92,963	24,583	24,403	1,284,694	1,185,602
All Beneficiaries	**589,911**	**583,675**	**9,421**	**12,715**	**480,812**	**635,643**
B. Optometrists						
Under 1	7,643	7,503	50	55	2,704	2,934
1 - 4	32,002	30,765	233	236	12,455	12,694
5 - 14	76,574	73,200	493	529	26,674	28,553
15 - 24	77,138	73,473	178	240	8,556	11,243
25 - 44	168,879	160,603	105	161	2,926	4,592
45 - 64	149,414	145,168	327	363	7,953	9,239
65 and over	78,261	92,963	684	604	16,228	15,047
All Beneficiaries	**589,911**	**583,675**	**304**	**341**	**10,297**	**11,661**
C. Dentists						
Under 1	7,643	7,503	2	2	1,042	381
1 - 4	32,002	30,765	–	–	335	62
5 - 14	76,574	73,200	6	8	579	718
15 - 24	77,138	73,473	16	20	2,652	4,768
25 - 44	168,879	160,603	7	10	1,212	1,214
45 - 64	149,414	145,168	13	18	1,284	1,671
65 and over	78,261	92,963	12	11	1,324	1,204
All Beneficiaries	**589,911**	**583,675**	**10**	**13**	**1,302**	**1,640**

Notes:

1) Includes out-of-province services and costs.
2) Excludes payments for specialist and rural emergency coverage programs.
3) Includes optometric services covered by the Supplementary Health Program. Effective Oct. 1/14 coverage of an annual eye exam for the management of diabetic patients is included in this total.
4) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.
5) See "Data Limitations" in *Statistical Figures and Tables*.

Table 5

Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2015-16 Number of Beneficiaries[1]	2015-16 % of Beneficiaries	2015-16 % of Payments	2015-16 % of Services	2016-17 Number of Beneficiaries[1]	2016-17 % of Beneficiaries	2016-17 % of Payments	2016-17 % of Services
A. Physicians Only								
$0.00	193,007	16.8	–	<0.1	204,588	17.4	–	<0.1
$0.01 - $25.00	10,165	0.9	–	0.1	10,642	0.9	–	0.1
$25.01 - $50.00	102,645	8.9	0.6	0.9	102,290	8.7	0.6	0.9
$50.01 - $100.00	107,712	9.4	1.3	1.9	102,694	8.8	1.2	1.8
$100.01 - $250.00	238,611	20.8	6.4	8.9	234,205	20.0	5.9	8.1
$250.01 - $500.00	186,514	16.2	10.9	13.9	188,904	16.1	10.3	13.1
$500.01 - $1,000.00	149,626	13.0	17.1	19.4	157,682	13.4	16.9	19.1
$1,000.01 - $1,500.00	59,337	5.2	11.8	12.4	62,449	5.3	11.6	12.0
$1,500.01 - $2,000.00	33,280	2.9	9.4	8.8	35,883	3.1	9.4	9.2
$2,000.01 - $5,000.00	56,427	4.9	26.9	22.4	61,589	5.2	27.5	23.2
Over $5,000.00	11,120	1.0	15.6	11.3	12,660	1.1	16.7	12.4
Total	**1,148,444**	**100.0**	**100.0**	**100.0**	**1,173,586**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$0.00	980,047	85.3	–	<0.1	1,001,299	85.3	–	<0.1
$0.01 - $25.00	65	–	–	–	25	–	–	–
$25.01 - $50.00	8,039	0.7	2.8	2.5	7,543	0.6	2.5	2.2
Over $50.00	160,292	14.0	97.2	97.4	164,719	14.0	97.5	97.8
Total	**1,148,444**	**100.0**	**100.0**	**100.0**	**1,173,586**	**100**	**100**	**100**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes:

1) Includes out-of-province services and costs.
2) Excludes payments for specialist and rural emergency coverage programs.
3) Includes optometric services covered by the Supplementary Health Program.
4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 6

Physician Services and Payments by Age and Sex

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment ($)
		Insured[1]	Treated[2]	Treated	Services	Cost ($)	Services	Cost ($)	Per Service
Under 1	M	7,643	9,056	100.00	15.51	972.53	13.09	820.79	62.69
	F	7,503	8,655	100.00	14.08	864.81	12.21	749.71	61.42
	T	15,146	17,711	100.00	14.80	919.17	12.66	786.05	62.09
1 - 4	M	32,002	27,953	87.35	6.85	377.99	7.85	432.75	55.15
	F	30,765	26,437	85.93	5.85	314.15	6.81	365.58	53.70
	T	62,767	54,390	86.65	6.36	346.70	7.34	400.10	54.50
5 - 9	M	40,291	29,722	73.77	4.47	207.25	6.06	280.94	46.37
	F	38,570	28,550	74.02	4.16	185.46	5.62	250.55	44.59
	T	78,861	58,272	73.89	4.32	196.59	5.84	266.05	45.53
10 - 14	M	36,783	24,875	68.56	4.03	182.53	5.87	266.24	45.33
	F	34,630	23,964	69.20	4.02	178.95	5.81	258.60	44.54
	T	70,913	48,839	68.87	4.02	180.78	5.84	262.49	44.94
15 - 19	M	36,609	24,675	67.40	4.38	215.53	6.50	319.77	49.19
	F	35,060	28,135	80.25	7.08	347.32	8.82	432.81	49.07
	T	71,669	52,810	73.69	5.70	280.00	7.74	379.99	49.12
20 - 24	M	40,529	25,627	63.23	4.34	212.25	6.87	335.68	48.86
	F	38,413	33,129	86.24	9.96	515.39	11.55	597.59	51.74
	T	78,942	58,756	74.43	7.08	359.76	9.51	483.36	50.83
25 - 29	M	45,934	29,646	64.54	4.67	223.27	7.23	345.94	47.83
	F	43,549	38,349	88.06	12.39	698.13	14.07	792.80	56.34
	T	89,483	67,995	75.99	8.43	454.38	11.09	597.97	53.92
30 - 34	M	45,113	31,049	68.82	5.49	262.67	7.98	381.65	47.84
	F	43,175	38,163	88.39	12.98	732.50	14.69	828.70	56.41
	T	88,288	69,212	78.39	9.16	492.43	11.68	628.15	53.79
35 - 39	M	41,174	29,578	71.84	6.05	295.55	8.42	411.42	48.85
	F	38,852	33,885	87.22	12.02	623.80	13.78	715.23	51.91
	T	80,026	63,463	79.30	8.95	454.91	11.28	573.64	50.84
40 - 44	M	36,658	27,155	74.08	7.19	349.52	9.71	471.83	48.61
	F	35,027	30,227	86.30	11.36	556.39	13.16	644.74	48.99
	T	71,685	57,382	80.05	9.23	450.60	11.53	562.92	48.84
45 - 49	M	35,160	26,495	75.36	8.29	408.86	10.99	542.57	49.35
	F	33,641	28,834	85.71	11.77	572.98	13.73	668.50	48.70
	T	68,801	55,329	80.42	9.99	489.10	12.42	608.20	48.97
50 - 54	M	39,500	30,762	77.88	9.82	490.84	12.61	630.26	49.99
	F	38,845	33,568	86.42	12.72	614.54	14.71	711.15	48.33
	T	78,345	64,330	82.11	11.25	552.17	13.71	672.47	49.06
55 - 59	M	39,840	33,272	83.51	11.87	617.58	14.22	739.49	52.01
	F	38,654	34,866	90.20	14.02	706.29	15.55	783.02	50.37
	T	78,494	68,138	86.81	12.93	661.26	14.90	761.77	51.14
60 - 64	M	34,914	31,307	89.67	14.50	763.15	16.17	851.07	52.62
	F	34,028	31,732	93.25	15.87	795.70	17.02	853.27	50.14
	T	68,942	63,039	91.44	15.18	779.21	16.60	852.18	51.34
65 - 69	M	26,822	25,206	93.98	18.32	1,010.44	19.49	1,075.22	55.17
	F	27,073	25,581	94.49	18.22	947.51	19.28	1,002.77	52.01
	T	53,895	50,787	94.23	18.27	978.83	19.38	1,038.73	53.59
70 - 74	M	18,410	18,183	98.77	23.04	1,240.68	23.33	1,256.17	53.85
	F	19,388	19,290	99.49	22.48	1,164.80	22.59	1,170.72	51.82
	T	37,798	37,473	99.14	22.75	1,201.76	22.95	1,212.18	52.82
75 & Over	M	33,029	34,050	100.00	30.53	1,531.94	29.62	1,486.00	50.17
	F	46,502	47,532	100.00	28.81	1,332.89	28.18	1,304.01	46.27
	T	79,531	81,582	100.00	29.52	1,415.55	28.78	1,379.97	47.95
Total all ages	**M**	**589,911**	**458,611**	**77.74**	**9.42**	**480.81**	**12.12**	**618.47**	**51.03**
	F	**583,675**	**510,897**	**87.53**	**12.71**	**642.43**	**14.53**	**733.95**	**50.53**
	T	**1,173,586**	**969,508**	**82.61**	**11.06**	**561.19**	**13.39**	**679.32**	**50.74**

[1] Population as at June 30, 2016.

[2] Population treated at anytime during the fiscal year.

Notes: 1) Excludes payments for specialist and rural emergency coverage programs.
2) Includes out-of-province services and costs.

Table 7

Services by Type of Service

Type of Service[1]	Number of Services (000's) 2015-16	Number of Services (000's) 2016-17	Number of Services Per 1,000 Beneficiaries 2015-16	Number of Services Per 1,000 Beneficiaries 2016-17	Per Cent Change 2015-16 to 2016-17
In-Province Physician Services	**11,865.7**	**12,188.3**	**10,332**	**10,385**	**0.52**
Consultations	547.5	570.0	477	486	1.88
Major Assessments	538.3	551.5	469	470	0.25
Other Assessments	4,227.8	4,272.9	3,681	3,641	-1.10
Psychotherapy	412.8	438.5	359	374	3.94
Total Visit Services	**5,726.5**	**5,832.8**	**4,986**	**4,970**	**-0.33**
Hospital Care	**663.3**	**678.3**	**578**	**578**	**0.07**
Special Calls and Emergency	**253.7**	**253.4**	**221**	**216**	**-2.26**
Major Surgery	141.8	143.9	123	123	-0.70
Minor Surgery	256.8	267.4	224	228	1.91
Surgical Assistance	161.8	163.1	141	139	-1.37
Obstetrics	31.0	31.2	27	27	-1.47
Anaesthesia	776.3	802.2	676	684	1.12
Total Surgical Services	**1,367.6**	**1,407.8**	**1,191**	**1,200**	**0.73**
Diagnostic Radiology	269.5	274.7	235	234	-0.28
Laboratory Services	316.8	300.8	276	256	-7.09
Other Diagnostic and Therapeutic Services	2,181.5	2,321.8	1,900	1,978	4.15
Special and Miscellaneous Services	1,086.7	1,118.8	946	953	0.75
Total Diagnostic Services	**3,854.5**	**4,016.0**	**3,356**	**3,422**	**1.96**
In-Province Dental Services	**18.9**	**13.1**	**16**	**11**	**-31.78**
In-Province Optometric Services	**348.8**	**370.4**	**304**	**316**	**3.91**
Refractions by Optometrists	109.1	109.7	95	93	-1.57
Other Optometric Services	239.8	260.7	209	222	6.41
Out-of-Province Services					
Physician Services	760.7	790.8	662	674	1.73
Dental Services	0.1	0.1	–	–	–
Optometric Services	7.3	7.9	6	7	5.66
All Services	**13,001.4**	**13,370.6**	**11,321**	**11,393**	**0.64**

[1] The "Definitions of Service Groupings", in *Statistical Figures and Tables* describes inclusions in these classifications.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 8

Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 2015-16	Dollar Payments (000's) 2016-17	Dollar Payments Per 1,000 Beneficiaries 2015-16	Dollar Payments Per 1,000 Beneficiaries 2016-17	Per Cent Change 2015-16 to 2016-17
In-Province Physician Services	**582,148**	**623,787**	**506,902**	**531,522**	**4.86**
Consultations	70,890	77,083	61,727	65,682	**6.41**
Major Assessments	33,992	35,374	29,599	30,141	**1.83**
Other Assessments	166,333	176,197	144,833	150,136	**3.66**
Psychotherapy	19,417	21,213	16,907	18,075	**6.91**
Total Visit Services	**290,632**	**309,867**	**253,066**	**264,034**	**4.33**
Hospital Care	**20,694**	**23,696**	**18,019**	**20,191**	12.05
Special Calls and Emergency	**11,156**	**11,122**	**9,714**	**9,477**	-2.44
Major Surgery	55,839	56,693	48,621	48,307	**-0.65**
Minor Surgery	9,012	9,763	7,847	8,319	**6.01**
Surgical Assistance	14,027	14,497	12,214	12,353	**1.14**
Obstetrics	14,902	15,498	12,976	13,206	**1.77**
Anaesthesia	38,820	42,175	33,802	35,937	**6.32**
Total Surgical Services	**132,600**	**138,626**	**115,460**	**118,122**	**2.31**
Diagnostic Radiology	13,742	14,410	11,965	12,279	**2.62**
Laboratory Services	1,499	1,502	1,305	1,280	**-1.92**
Other Diagnostic and Therapeutic Services	89,945	101,256	78,319	86,279	**10.16**
Special and Miscellaneous Services[2]	21,882	23,308	19,053	19,861	**4.24**
Total Diagnostic Services	**127,067**	**140,476**	**110,642**	**119,698**	**8.18**
In-Province Dental Services	**2,146**	**1,689**	**1,869**	**1,439**	**-23.00**
In-Province Optometric Services	**12,090**	**12,567**	**10,528**	**10,708**	**1.71**
Refractions by Optometrists	6,153	6,355	5,358	5,415	**1.07**
Other Optometric Services	5,937	6,371	5,170	5,429	**5.01**
Out-of-Province Services					
Physician Services	41,185	43,460	35,862	37,032	**3.26**
Dental Services	11	36	10	31	**214.32**
Optometric Services	307	313	267	267	**-0.09**
All Services	**637,889**	**681,853**	**555,437**	**580,999**	**4.60**

[1] The "Definitions of Service Groupings", in *Statistical Figures and Tables* describe inclusions in these classifications.
[2] Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian Funds.
3) See "Data Limitations" in *Statistical Figures and Tables*.

Table 9

Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	2015-16 General Practitioners ($)	2015-16 Specialists ($)	2015-16 All Practitioners ($)	2016-17 General Practitioners ($)	2016-17 Specialists ($)	2016-17 All Practitioners ($)
In-Province Physician Services	**34.34**	**66.84**	**48.33**	**35.90**	**68.66**	**50.47**
Consultations	83.37	131.91	129.48	86.68	137.66	135.23
Major Assessments	59.82	85.86	63.15	60.30	89.88	64.15
Other Assessments	37.22	53.43	39.37	38.96	55.44	41.24
Psychotherapy	39.07	58.15	47.03	39.47	58.39	48.38
Average Of Visit Services	**40.07**	**91.11**	**51.05**	**41.71**	**94.52**	**53.51**
Hospital Care	**30.49**	**31.91**	**31.20**	**34.43**	**35.42**	**34.43**
Special Calls and Emergency	**42.79**	**45.72**	**43.97**	**42.55**	**45.83**	**43.89**
Major Surgery	253.88	398.97	393.78	255.09	399.08	393.98
Minor Surgery	18.55	66.23	35.10	18.98	64.21	36.51
Surgical Assistance	74.57	147.43	86.70	76.28	153.90	88.91
Obstetrics	547.82	450.02	480.85	574.73	463.63	496.69
Anaesthesia	44.68	50.62	50.01	46.51	53.37	52.57
Average Of Surgical Services	**58.82**	**112.61**	**96.96**	**60.07**	**114.10**	**98.74**
Diagnostic Radiology	–	50.98	50.98	32.17	52.47	52.46
Laboratory Services	4.63	6.31	4.73	4.87	6.89	4.99
Other Diagnostic and Therapeutic Services	15.64	45.93	41.23	17.03	48.06	43.61
Special and Miscellaneous Services[2]	10.62	16.97	12.14	11.41	18.16	13.11
Average Of Diagnostic Services	**10.56**	**43.04**	**30.71**	**11.43**	**44.95**	**32.83**
In-Province Dental Services	–	–	**114.29**	–	–	**128.53**
In-Province Optometric Services	–	–	**34.66**	–	–	**34.79**
Refractions by Optometrists	–	–	56.42	–	–	57.93
Other Optometric Services	–	–	24.76	–	–	25.05
Out-of-Province Services						
Physician Services	50.43	55.62	54.09	50.01	57.08	54.96
Dental Services	–	–	158.93	–	–	385.57
Optometric Services	–	–	42.16	–	–	39.76
All Services	**34.85**	**65.78**	**48.39**	**37.61**	**62.34**	**51.02**

[1] The "Definitions of Service Groupings", in *Statistical Figures and Tables* describe inclusions in these classifications.
[2] Excludes payments for specialist and rural emergency coverage programs and retroactive lump sum payments to physicians to avoid distortion.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 10

Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	2015-16	2016-17	2015-16	2016-17
In-Province Physician Services	**91.26**	**91.16**	**91.26**	**91.48**
Consultations	4.21	4.26	11.11	11.30
Major Assessments	4.14	4.12	5.33	5.19
Other Assessments	32.52	31.96	26.08	25.84
Psychotherapy	3.18	3.28	3.04	3.11
	44.05	**43.62**	**45.56**	**45.44**
Hospital Care	**5.10**	**5.07**	**3.24**	**3.48**
Special Calls and Emergency	**1.95**	**1.90**	**1.75**	**1.63**
Major Surgery	1.09	1.08	8.75	8.31
Minor Surgery	1.97	2.00	1.41	1.43
Surgical Assistance	1.24	1.22	2.20	2.13
Obstetrics	0.24	0.23	2.34	2.27
Anaesthesia	5.97	6.00	6.09	6.19
	10.52	**10.53**	**20.79**	**20.33**
Diagnostic Radiology	2.07	2.05	2.15	2.11
Laboratory Services	2.44	2.25	0.23	0.22
Other Diagnostic and Therapeutic Services	16.78	17.36	14.10	14.85
Special and Miscellaneous Services[2]	8.36	8.37	3.43	3.42
	29.65	**30.04**	**19.92**	**20.60**
In-Province Dental Services	**0.14**	**0.10**	**0.34**	**0.25**
In-Province Optometric Services	**2.68**	**2.77**	**1.90**	**1.84**
Refractions by Optometrists	0.84	0.82	0.96	0.93
Other Optometric Services	1.84	1.95	0.93	0.93
Out-of-Province Services				
Physician Services	5.85	5.91	6.46	6.37
Dental Services	–	–	–	–
Optometrist Services	0.06	0.06	0.05	0.05
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Definitions of Service Groupings", in *Statistical Figures and Tables* describe inclusions in these classifications.
[2] Includes payments for the rural emergency coverage program but excludes specialist emergency coverage program payments.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 11

Payments ($000's) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners	**11,881.4**	**141.5**	**19.5**	**643.4**	**1,361.5**	**8,458.0**	**1,140.7**	**82.3**	**34.5**
Specialists									
Paediatricians and Medical Geneticists	2,550.3	8.4	2.1	64.0	46.4	2,375.6	49.8	3.6	0.4
Internists and Physiatrists	4,129.9	29.7	6.9	193.4	288.1	3,358.5	173.1	72.9	7.3
Neurologists	282.6	2.3	0.6	13.8	19.2	223.0	20.9	2.8	–
Psychiatrists	1,292.6	7.2	8.3	74.3	64.0	1,027.1	111.1	0.5	–
Dermatologists	249.6	23.0	0.4	6.0	22.6	190.0	6.4	0.6	0.5
Anaesthetists	3,401.2	17.7	11.8	153.0	185.3	2,893.8	121.9	17.6	–
General and Thoracic Surgeons	3,831.7	8.8	1.1	95.1	256.1	3,359.2	97.0	13.1	1.4
Orthopaedic Surgeons	1,383.3	5.9	6.0	50.5	149.1	1,062.3	83.1	25.0	1.4
Plastic and Reconstructive Surgeons	588.6	1.1	17.0	23.8	26.9	497.3	21.6	0.9	0.2
Neurological Surgeons	312.1	0.7	2.8	32.4	48.4	202.5	19.8	5.3	0.1
Obstetricians and Gynaecologists	1,255.0	23.6	2.9	101.2	312.4	758.3	56.1	0.6	0.1
Urological Surgeons	395.7	0.1	0.7	17.6	27.9	325.5	22.2	1.7	–
Ophthalmologists	934.7	1.9	1.8	44.2	58.3	773.9	49.6	4.9	0.1
Otolaryngologists	831.9	3.4	2.7	15.4	26.7	760.1	19.4	4.3	–
Pathologists	5,166.5	22.9	–	94.9	20.9	4,850.1	169.5	7.4	0.7
Diagnostic Radiologists	4,663.8	20.3	1.2	105.8	299.3	4,182.5	50.2	4.2	0.3
US Services with Prior Approval	**413.0**	–	–	–	–	–	–	**413.0**	–
All Physicians	**43,563.7**	**318.4**	**85.6**	**1,728.8**	**3,213.1**	**35,297.7**	**2,212.3**	**660.7**	**47.1**
Dentists	34.9	–	0.2	0.8	1.0	33.0	–	–	–
Optometrists	312.9	0.3	0.1	0.1	37.2	275.1	0.3	–	–

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" in *Medical Services Plan Coverage Benefits*.
3) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian funds.
4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 12

Payments ($000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	All Locations	Home Province or Territory of Beneficiary										
		Newfoundland	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners	**4,729.5**	**37.0**	**14.5**	**58.5**	**56.3**	**419.5**	**1,131.8**	**2,487.3**	**478.3**	**20.6**	**16.2**	**9.5**
Specialists												
Paediatricians and Medical Geneticists	243.2	0.2	0.3	0.9	1.2	14.5	78.2	136.7	9.1	1.0	0.0	1.0
Internists and Physiatrists	1,013.7	3.7	2.3	8.0	2.1	74.3	189.9	651.3	78.4	2.1	0.3	1.3
Neurologists	83.3	0.5	0.0	1.3	1.1	10.3	21.5	39.7	8.3	0.0	0.2	0.5
Cardiologists	327.7	7.7	2.5	2.3	3.7	42.0	91.5	132.5	42.8	0.2	2.6	0.0
Psychiatrists	316.8	8.2	10.9	9.8	3.6	38.2	45.9	138.4	48.3	7.4	1.0	5.0
Dermatologists	23.1	0.1	0.0	0.0	0.2	4.1	6.5	9.9	2.2	0.0	0.0	0.0
Anaesthetists	1,033.2	4.2	0.8	6.3	7.2	43.4	269.0	639.6	57.5	1.9	0.7	2.4
General Surgeons	926.1	2.4	1.3	5.3	4.4	35.5	171.8	659.6	43.0	0.3	0.2	2.3
Cardiac Surgeons	90.7	6.0	0.0	0.0	5.3	9.5	35.2	25.3	9.4	0.0	0.0	0.0
Orthopaedic Surgeons	526.6	3.1	0.7	4.5	2.9	25.8	127.3	325.0	30.7	2.9	3.4	0.3
Plastic and Reconstructive Surgeons	129.1	0.4	0.7	0.7	0.9	9.3	42.2	60.7	14.2	0.0	0.1	0.0
Neurological Surgeons	398.4	0.1	0.0	2.8	2.8	6.8	49.4	321.9	13.2	0.0	1.5	0.0
Obstetricians and Gynaecologists	661.0	1.1	0.8	3.0	4.3	34.3	274.0	310.0	29.6	2.5	0.9	0.5
Urological Surgeons	181.5	0.3	0.4	0.8	0.2	11.6	112.1	42.0	12.7	0.0	0.2	1.1
Ophthalmologists	802.6	0.4	0.1	2.3	1.5	15.2	370.4	379.1	29.1	1.9	1.1	1.5
Otolaryngologists	317.3	1.1	0.3	3.3	0.8	9.6	65.6	224.2	11.3	0.4	0.0	0.6
Pathologists	571.4	5.6	1.4	7.4	7.8	85.3	79.3	289.9	87.4	2.2	2.7	2.5
Diagnostic Radiologists	413.6	3.6	1.1	8.3	6.6	59.9	75.7	196.3	54.5	4.0	2.1	1.7
All Physicians	**12,788.7**	**85.7**	**38.1**	**125.5**	**112.9**	**949.1**	**3,237.3**	**7,069.4**	**1,060.0**	**47.4**	**33.2**	**30.2**

Notes:

1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" in *Medical Services Plan Coverage Benefits*.
2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan Physician Payment Schedule rates.
3) See "Data Limitations" in *Statistical Figures and Tables*.

Table 13a

Payments ($000's) for Out-of-Province Hospital Services By Location and Type of Care

		Location of Services							
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Cochlear Implant	**44.4**						44.4		
Bone Marrow/Stem Cell Transplant	**378.8**				172.2	206.6			
Out-of-Country	**819.9**							819.9	
Defibrillator Pacemaker Implantation	**330.5**					236.4	94.0		
Liver Transplant	**651.1**			127.7		523.4			
Heart or Heart and Lung Transplant	**502.7**					502.7			
Aortic Valve	**212.0**					212.0			
Ventricular Assist Device	**458.5**					458.5			
Lung Transplant	**610.6**			201.3		409.3			
Kidney or Kidney and Pancreas Transplant	**244.3**					244.3			
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	**1,180.0**		1.7	193.1	42.9	791.5	131.6	8.1	11.2
II. Neoplasms	**2,899.8**	37.1	1.4	233.5	227.4	2,321.7	77.4	0.3	1.1
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**1,099.4**			20.4	69.5	895.5	111.9	1.1	1.0
IV. Diseases of Blood & Blood-Forming Organs	**252.3**	14.4	–		12.5	98.2	127.1		
V. Mental Disorders	**2,374.7**	81.7	4.1	194.1	131.3	1,618.6	344.8	0.1	
VI. Diseases of Nervous System & Sense Organs	**995.0**			40.3	30.5	913.8	8.6	0.2	1.6
VII. Diseases of the Circulatory System	**6,790.0**	43.4	19.7	220.1	262.5	5,816.4	410.7	11.8	5.6
VIII. Diseases of the Respiratory System	**1,915.5**	32.6	5.3	134.9	94.9	1,341.9	291.4	3.3	11.2
IX. Diseases of the Digestive System	**4,069.9**	15.3		117.7	149.5	3,388.9	380.5	12.7	5.3
X. Diseases of the Genitourinary System	**749.5**	2.9	–	54.8	96.7	531.9	55.6	2.2	5.4
XI. Complications of Pregnancy, Childbirth & the Puerperium	**1,328.5**	35.6	15.5	100.2	333.5	772.7	70.6	0.3	0.1
XII. Diseases of the Skin & Subcutaneous Tissue	**424.9**	5.9	0.9	5.8	122.3	227.5	61.2	1.2	0.2
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**974.8**			46.9	124.8	783.0	16.1	0.1	3.9
XIV. Congenital Anomalies	**8,361.6**	117.6	10.4	41.2	14.6	8,155.8	21.9		
XV. Certain Conditions Originating in the Perinatal Period	**2,084.1**	4.5		7.5	428.2	1,625.4	18.6		
XVI. Symptoms, Signs, & Ill-defined Conditions	**1,551.9**	15.8	30.5	39.6	130.3	1,207.5	122.3	3.1	2.7
XVII. Injury and Poisoning	**7,305.1**	19.2	12.8	349.7	355.5	5,961.3	584.0	7.7	15.0
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**2,143.2**	1.4	33.6	61.0	288.2	1,656.3	86.7		
Outpatient Treatment									
Standard Outpatient Visit	**15,691.6**	414.3	161.6	1,102.0	1,864.6	10,392.0	1,698.2	38.4	20.4
Day Surgery	**2,719.0**	16.1	6.3	156.8	555.0	1,811.6	165.6	1.0	0.6
Haemodialysis	**1,401.2**	16.2		8.7	174.8	1,108.2	91.4	1.3	0.6
Computerized Axial Tomography (CAT Scan)	**1,703.9**	24.0	5.1	134.9	479.5	790.4	270.1		
Magnetic Resonance Imaging (MRI)	**846.8**	0.7		53.4	269.5	492.9	30.2		
Positron Emission Tomography (PET Scan)	**121.1**	–	1.4	1.1	5.0	107.6	6.0		
Radiotherapy Services	**263.0**	1.2	0.4	40.3	49.2	120.6	51.2		
Cancer Chemotherapy Visit	**718.0**	34.1	22.6	105.6	87.0	416.0	52.7		
Gamma Knife Procedure	**547.0**			37.0	510.0				
Brachytherapy	**514.3**					101.8	412.5		
Out-of-Country	**1,056.2**							1,046.7	9.4
Other Outpatient Treatment	**2,768.1**	14.2	22.6	26.7	166.4	2,109.9	354.0	14.3	
Total	**79,103.0**	**1,024.0**	**355.8**	**3,856.1**	**7,248.3**	**58,358.1**	**6,191.6**	**1,973.8**	**95.2**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.
3) The majority of cochlear implants are performed in Saskatchewan as of 2013-14.
4) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b

Number of Out-of-Province Hospital Cases by Location and Type of Care

	All Locations	Location of Services							
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Cochlear Implant	1						1		
Bone Marrow/Stem Cell Transplant	2				1	1			
Out of Country	5							5	
Defibrillator Pacemaker Implantation	23					18	5		
Liver Transplant	5			1		4			
Heart or Heart and Lung Transplant	4					4			
Aortic Valve	4					4			
Ventricular Assist Device	8					8			
Lung Transplant	3			1		2			
Kidney or Kidney and Pancreas Transplant	4					4			
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	115		1	9	6	39	11	16	33
II. Neoplasms	244	2	1	23	22	183	10	2	1
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	114			6	6	75	17	3	7
IV. Diseases of Blood & Blood Forming Organs	24	1			4	11	8		
V. Mental Disorders	220	14	1	25	18	112	49	1	
VI. Diseases of Nervous System & Sense Organs	94			8	8	70	3	2	3
VII. Diseases of the Circulatory System	520	6	2	35	29	336	59	36	17
VIII. Diseases of the Respiratory System	279	4	3	16	28	149	43	8	28
IX. Diseases of the Digestive System	455	4		31	39	267	56	36	22
X. Diseases of the Genitourinary System	192	1		12	30	113	17	7	12
XI. Complications of Pregnancy Childbirth & the Puerperium	424	7	6	37	101	248	23	1	1
XII. Diseases of the Skin & Subcutaneous Tissue	45	2	1	2	6	22	7	3	2
XIII. Diseases of the Musculoskeletal System & Connective Tissue	179			9	40	120	4	1	5
XIV. Congenital Anomalies	240	2	4	8	6	217	3		
XV. Certain Conditions Originating in the Perinatal Period	125	1		2	24	92	6		
XVI. Symptoms, Signs, & Ill-defined Conditions	301	4	5	15	33	178	31	19	16
XVII. Injury and Poisoning	565	4	4	30	42	355	77	20	33
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	521	8	5	22	103	355	28		
Outpatient Treatment									
Standard Outpatient Visit	48,588	1,257	490	3,331	5,686	31,462	5,131	869	462
Day Surgery	2,181	13	5	125	449	1,441	131	10	7
Haemodialysis	3,080	35		19	381	2,410	198	26	11
Computerized Axial Tomography (CAT Scan)	2,343	33	7	185	662	1,085	371		
Magnetic Resonance Imaging (MRI)	1,221	1	–	77	390	710	43		
Positron Emission Tomography (PET Scan)	78		1	1	4	68	4		
Radiotherapy Services	654	3	1	100	124	299	127		
Cancer Chemotherapy Visit	513	25	16	75	63	291	37		
Gamma Knife Procedure	32			2	30				
Brachythetapy	52					19	33		
Out of Country	11							11	
Other Outpatient Treatment	11,538	452	74	55	1,003	7,983	1,971		
Total	75,007	1,879.0	627.0	4,262.0	9,338.0	48,761.0	8,504.0	976.0	660.0

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) The majority of cochlear implants are performed in Saskatchewan as of 2013-14.
3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
4) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a

Payments ($000's) for Out-of-Province Residents Hospitalized In Saskatchewan By Place of Residence and Type of Care

		Home Province or Territory of Beneficiary					
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Defibrillator Pacemaker	**3.5**						3.5
Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases	**210.8**	4.7	1.5	1.3	108.4	68.5	26.3
II. Neoplasms	**828.8**	24.3		13.6	471.6	292.8	26.5
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**467.5**	16.5	3.1	4.8	189.8	193.0	60.2
IV. Diseases of Blood and Blood Forming Organs	**88.4**			3.9	45.0	29.0	10.5
V. Mental Disorders	**3,158.3**	206.0	85.0	328.2	264.8	1,968.9	304.9
VI. Diseases of the Nervous System & Sense Organs	**273.7**	9.6	7.6	16.6	98.9	32.9	88.0
VII. Diseases of the Circulatory System	**2,424.0**	70.5	42.3	316.2	756.9	832.9	405.2
VIII. Diseases of the Respiratory System	**1,164.7**	13.1	9.6	148.6	351.4	533.0	76.1
IX. Diseases of the Digestive System	**1,308.8**	103.2	7.2	158.7	395.1	454.9	189.8
X. Diseases of the Genitourinary System	**401.9**	12.7	1.3	22.0	154.6	153.6	57.7
XI. Complications of Pregnancy, Childbirth & the Puerperium	**789.4**	25.1	5.7	39.8	372.3	280.4	66.1
XII. Diseases of the Skin and Subcutaneous Tissue	**172.3**	5.1		12.6	36.1	27.4	86.2
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**669.0**	17.4			239.7	324.9	86.9
XIV. Congenital Anomalies	**85.9**			4.2	20.1	10.3	1.4
XV. Certain Conditions Originating in the Perinatal Period	**1,302.1**			3.8	139.7	945.9	212.6
XVI. Symptoms, Signs, and Ill defined Conditions	**985.2**	18.2	11.5	63.0	227.9	365.3	299.3
XVII. Injury and Poisoning	**2,148.2**	9.5	16.9	364.4	516.7	873.0	367.6
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**915.4**	32.7	0.9	85.4	205.1	479.7	106.7
Outpatient Treatment							
Standard Outpatient Visit	**9,152.0**	415.3	105.9	830.3	2,838.6	3,993.2	968.8
Day Surgery	**1,661.1**	39.9	5.0	89.1	201.2	780.4	88.4
Haemodialysis	**129.5**	2.3	1.4	32.6	45.2	33.2	14.3
Computerized Axial Tomography (CAT Scan)	**626.1**	32.8	8.0	68.0	183.5	250.1	83.8
Magnetic Resonance Imaging (MRI)	**149.7**	5.6	0.7	12.4	34.8	80.1	11.2
Radiotherapy Services	**83.1**			6.1	33.6	45.4	2.0
Cancer Chemotherapy Visit	**185.7**	1.2		4.1	63.8	109.1	7.0
Other Outpatient Treatment	**627.7**	30.7	4.7	64.5	143.8	309.1	74.9
Total	**30,012.8**	**1,101.9**	**347.3**	**2,711.4**	**8,669.2**	**13,431.1**	**3,751.9**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b

Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

		Home Province or Territory of Beneficiary					
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Defibrillator Pacemaker	1	–	–	–	–	–	1
Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis – Cases							
I. Infectious & Parasitic Diseases	25	2	1	1	7	12	2
II. Neoplasms	93	1	–	4	60	21	7
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	71	8	1	2	24	29	7
IV. Diseases of Blood and Blood-Forming Organs	17	–	–	1	4	10	2
V. Mental Disorders	235	16	3	21	29	136	30
VI. Diseases of the Nervous System & Sense Organs	36	3	2	5	14	5	7
VII. Diseases of the Circulatory System	226	7	2	33	62	93	29
VIII. Diseases of the Respiratory System	154	2	3	20	60	58	11
IX. Diseases of the Digestive System	240	16	2	25	75	94	28
X. Diseases of the Genitourinary System	118	4	1	9	48	46	10
XI. Complications of Pregnancy, Childbirth & the Puerperium	259	9	2	15	114	95	24
XII. Diseases of the Skin and Subcutaneous Tissue	20	1	–	1	6	8	4
XIII. Diseases of the Musculoskeletal System & Connective Tissue	85	2	–	–	29	48	6
XIV. Congenital Anomalies	24	–	–	2	17	4	1
XV. Certain Conditions Originating in the Perinatal Period	68	–	–	1	39	19	9
XVI. Symptoms, Signs, and Ill-defined Conditions	166	8	1	12	50	66	29
XVII. Injury and Poisoning	245	4	5	22	66	125	23
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	221	7	1	15	104	73	21
Outpatient Treatment							
Standard Outpatient Visit	27,805	1,267	322	2,507	8,605	12,105	2,999
Day Surgery	1,325	32	4	69	560	589	71
Haemodialysis	283	5	3	71	99	72	33
Computerized Axial Tomography (CAT Scan)	868	48	11	94	253	345	117
Magnetic Resonance Imaging (MRI)	217	8	1	25	50	117	16
Radiotherapy Services	210	–	–	15	83	112	–
Cancer Chemotherapy Visit	135	2	–	3	46	79	5
Other Outpatient Treatment	3,747	188	28	386	805	1,868	472
Total	**36,894**	**1,640**	**393**	**3,359**	**11,309**	**16,229**	**3,964**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15

In-Province Physician Services by Type of Service and Type of Physician

Type of Service[1] (000's)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations	27.2	32.0	125.2	21.9	30.2	15.4	18.5	61.3	2.6
Special Eye Examination	–	–	–	–	–	–	–	–	–
Major Assessments	479.7	12.2	5.4	1.0	0.4	6.0	4.8	1.9	–
Other Assessments	3,681.9	43.8	96.1	14.9	14.1	22.3	18.2	52.1	0.9
Hospital Care Days	336.4	37.3	225.3	12.0	22.2	12.0	–	20.7	0.2
Special Calls and Emergency									
Surcharges	143.2	3.8	22.4	2.9	3.8	3.6	0.2	9.5	0.9
Premiums	6.6	0.5	3.8	0.1	0.3	0.3	–	0.3	0.0
Psychotherapy									
Base Time[2]	144.9	0.1	0.1	–	–	101.8	0.4	–	–
Additional Time	87.0	0.0	0.1	–	–	99.5	0.2	–	–
Major Surgery	5.1	–	0.6	0.7	0.7	–	0.2	17.0	6.0
Minor Surgery	163.7	0.2	0.6	–	0.2	–	39.5	7.1	0.3
Surgical Assistance	136.5	–	0.0	–	0.2	–	–	7.0	0.7
Obstetrics	9.3	–	–	–	–	–	–	–	–
Anaesthesia									
Operative	84.4	–	–	–	–	–	–	–	–
Nerve Blocks and Epidurals	8.2	–	0.4	0.3	–	–	–	–	–
Diagnostic Radiology	–	–	–	–	–	–	–	–	–
Pathology/Laboratory Services	282.6	0.1	–	–	–	–	0.2	–	–
Diagnostic Ultrasound	0.0	2.6	9.1	0.0	53.4	–	–	–	–
Other Diagnostic and Therapeutic Services	333.2	115.9	423.0	18.3	160.5	120.4	5.1	65.1	0.4
Special Services	118.9	0.0	0.1	–	–	–	1.9	11.9	–
Miscellaneous Services[3]	717.5	25.1	84.0	9.7	9.1	28.9	3.4	16.5	1.0
Total Services	**6,766.3**	**273.5**	**996.1**	**81.7**	**295.0**	**410.2**	**92.3**	**270.3**	**13.2**

[1] The "Definitions of Service Groupings", in *Statistical Figures and Tables* describes inclusions in these classifications.

[2] Represents the number of instances these types of services were provided during the year.

[3] This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel and the fee code for hospital discharge and documentation.

Note: Totals may not match other tables exactly due to rounding. See "Data Limitations" in *Statistical Figures and Tables*.

Table 15 (Continued)

In-Province Physician Services by Type of Service and Type of Physician

Type of Service[1] (000's)	Type of Physician									
	Orthopaedic Surgeons	Plastic and Reconstructive Surgeons	Neurological Surgeons	Obstetricians and Gynaecologists	Urological Surgeons	Ophthalmologists	Otolaryngologists	Anaesthetists	Pathologists and Diagnostic Radiologists	**Total Services**
Visits										
Consultations	47.0	18.3	6.3	50.7	14.9	51.5	34.1	12.4	0.6	**570.0**
Special Eye Examination	–	–	–	–	–	0.3	–	–	–	**0.3**
Major Assessments	0.2	0.3	–	9.2	3.3	22.5	4.2	–	0.0	**551.1**
Other Assessments	63.8	16.8	4.7	95.5	11.3	99.5	31.7	5.3	–	**4,272.8**
Hospital Care Days	3.0	0.1	2.5	5.2	0.5	0.1	0.8	–	–	**678.3**
Special Calls and Emergency										
Surcharges	7.2	1.9	1.5	7.5	1.4	1.7	1.3	14.8	0.5	**227.9**
Premiums	–	–	–	–	–	–	–	13.6	–	**25.4**
Psychotherapy										
Base Time[2]	–	–	–	2.9	–	–	–	–	–	**250.3**
Additional Time	–	–	–	1.2	–	–	–	–	–	**188.0**
Major Surgery	29.5	10.0	8.8	7.0	6.2	39.3	12.8	–	0.2	**143.9**
Minor Surgery	1.9	9.3	0.1	1.5	2.1	35.5	5.1	–	0.2	**267.4**
Surgical Assistance	3.3	0.7	0.6	7.3	4.3	–	2.4	–	–	**163.0**
Obstetrics	–	–	–	21.9	–	–	–	–	–	**31.2**
Anaesthesia										
Operative	–	–	–	–	–	–	–	676.6	–	**760.9**
Nerve Blocks and Epidurals	0.7	–	0.0	0.2	0.0	–	–	28.7	2.7	**41.2**
Diagnostic Radiology	–	–	–	–	–	–	–	–	274.7	**274.7**
Pathology/Laboratory Services	–	–	–	17.7	–	–	–	–	–	**300.6**
Diagnostic Ultrasound	–	–	–	18.3	–	13.5	–	0.5	186.2	**283.6**
Other Diagnostic and Therapeutic Services	26.6	2.7	1.4	24.5	10.5	570.0	86.3	7.7	66.6	**2,038.1**
Special Services	–	0.4	–	16.6	0.1	–	–	–	–	**149.8**
Miscellaneous Services[3]	12.5	1.0	3.3	20.9	4.5	7.3	23.5	0.3	0.4	**968.8**
Total Services	**195.6**	**61.6**	**29.1**	**308.1**	**59.2**	**841.1**	**202.3**	**759.9**	**532.0**	**12,187.4**

Table 16

Selected In-Province Medical Procedures – Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2015-16 to 2016-17
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms	480,639	164.02	11,343.69	409.55	0.96
Allergy Investigations and Hyposensitization Injections	199,106	6.34	360.39	169.66	-10.30
Psychological Testing	107,126	14.74	3,697.10	91.28	69.28
Artificial Extra Corporeal Haemodialysis	102,088	1.01	4,674.30	86.99	1.76
Submission of Papanicolau Smear	81,071	129.29 ♀	2,713.39 ♀	137.43 ♀	-7.47
Optical Coherence Tomography	71,699	39.11	2,714.78	61.09	5.05
Removal of Cysts, Granulomata, Keratoses, Moles, etc.	36,495	23.99	1,764.90	31.10	-0.79
Pulmonary Function Studies	36,353	17.60	1,542.41	30.98	4.20
Plantar Wart Excision or Fulguration	31,168	11.60	504.99	26.56	-2.77
Arthrocentesis - Joint Injections	28,403	14.91	472.39	24.20	5.43
Colonoscopy	27,892	22.77	4,850.17	23.77	-0.01
Upper GI Endoscopy	20,525	15.01	2,556.34	17.49	0.12
Cataract Extraction	13,341	7.11	4,536.07	11.37	2.35
Suturing of Wounds	12,554	9.86	865.26	10.70	-1.05
Delivery - Vaginal	10,819	18.07 ♀	17,120.23 ♀	18.34 ♀	-1.70
Cystoscopy	10,513	7.36	956.32	8.96	5.56
Coronary Angiography	6,376	4.41	1,030.46	5.43	2.03
Fractures, Open Surgical or Closed Reduction	6,124	4.44	2,642.63	5.22	-5.71
Cardiac Catheterization	6,085	4.14	755.63	5.18	-3.57
Angioplasty	5,125	2.10	2,064.03	4.37	4.51
Electroencephalograms or Echoencephalograms	4,695	3.36	105.48	4.00	7.65
Arthroscopy	4,484	3.63	522.49	3.82	-8.47
Sigmoidoscopy	3,658	2.76	194.79	3.12	-1.09
Hernia Repair	3,328	2.61	1,306.11	2.84	-5.55
Delivery - Caesarean	3,268	5.53 ♀	5,082.52 ♀	5.54 ♀	-1.62
Gall Bladder or Other Biliary Tract Surgery	2,600	2.20	1,501.54	2.22	-6.67
Vasectomy	2,513	4.28 ♂	1,180.05 ♂	4.31 ♂	17.25
Arthroplasty - Knee or Total Knee Replacement	2,401	1.86	1,750.39	2.05	-8.58
- Hip or Total Hip Replacement	1,859	1.51	1,465.17	1.58	-4.86
Electroconvulsive Therapy	1,856	0.19	128.18	1.58	6.34
Therapeutic Abortion	1,803	2.95 ♀	555.09 ♀	3.06 ♀	-11.10
Tonsillectomy (With or without Adenoidectomy)	1,719	1.46	507.54	1.46	24.42
Septoplasty or Submucous Resection	1,444	1.13	436.81	1.23	30.60
Dilatation and Curettage	1,279	2.10 ♀	416.39 ♀	2.17 ♀	-11.40
Tubal Ligation	1,108	1.87 ♀	444.94 ♀	1.88 ♀	-16.90
Appendectomy	1,087	0.92	523.83	0.93	4.90
Prostatectomy (With or Without Vasectomy)	891	1.49 ♂	1,441.18 ♂	1.53 ♂	-3.54
Salpingectomy, Oophorectory &/or Ovarian Cystectomy	708	1.18	551.45	1.2	4.37
Genital Prolapse Repair	635	0.76 ♀	288.42 ♀	1.08 ♀	-4.51
Coronary By-Pass	572	0.49	1,482.68	0.49	-14.50
Varicose Veins (Ligation)	483	0.20	77.22	0.41	-22.10
Hysterectomy - Abdominal	323	0.55 ♀	332.90 ♀	0.55 ♀	-29.00
Strabismus Operation	263	0.16	79.38	0.22	0.93
Hysterectomy - Vaginal	251	0.43 ♀	229.16 ♀	0.43 ♀	-5.27
Peptic Ulcer Surgery	112	0.09	83.73	0.10	-3.86

♀ Rate per 1,000 female beneficiaries.
♂ Rate per 1,000 male beneficiaries.

Notes: Includes out-of-province services and costs.

Table 17

Selected In-Province Medical Conditions – Patients, Services and Payments

Conditions	I.C.D.[1]	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
Diseases Affecting Genitourinary Tract	580 - 599, 788	419	78.4	18,142	357
Diabetes Mellitus	250	370	58.4	10,880	315
General Medical Examination - No Specific Diagnosis	V70	330	157	13,498	281
Psychoses	295 - 299	321	21	12,808	273
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	301	165.3	10,350	257
Hypertension	401 - 405	293	108.6	9,100	249
Chronic Sinusitis & Other Respiratory Symptoms	473 & 786	241	86	11,738	206
Neuroses	300	202	54	7,702	172
Glaucoma	365	184	19	4,885	157
Ischaemic Heart Disease	410 - 414	175	25.7	11,733	149
Arthritis	710 - 716	165	48.4	8,380	141
Cataract	366	159	16	8,258	135
Rheumatic Disease	725 - 729	157	69.2	6,928	134
Vertebrogenic Pain Syndrome	724	137	49	8,191	117
Cardiac Disrhythmias	427	126	24.6	5,687	108
Symptomatic Heart Disease	428 & 429	111	20	5,086	94
Asthma	493	104	32.7	2,868	89
Otitis Media	381 & 382	99	43	3,832	84
Eczema	690 - 692	96	46.5	2,968	82
Bronchitis	466, 490 & 491	84	49	2,986	71
Pneumonia	480 - 486	77	15.8	2,962	65
Chronic Airways Obstruction	496	74	13.9	2,825	63
Cellulitis and Abscess	681 & 682	72	25.9	2,681	62
Cerebrovascular Disease	430 - 438	65	6.6	2,946	55
Myxedema	244	60	28.9	1,731	51
Diarrheal Disease	9	56	26.9	2,405	48
Disorders of Menstruation	Z082 & 626	54	38.3 [f]	4,542 [f]	91 [f]
Anaemias	280 - 285	52	17	2,309	44
Hay Fever	477	46	6.7	451	39
Hyperkinetic Syndrome of Childhood (ADHD)	314	36	6.4	1,625	30
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	35	28.2 [f]	2,361 [f]	60 [f]
Migraine	346	29	12.5	1,134	24
Varicose Veins of Lower Extremity	454	22	4.5	679	19
Gastritis and Duodenitis	535	20	10.9	743	17
Menopausal Symptoms	627	17	15.9 [f]	1,250 [f]	29 [f]
Influenza	487	15	10.4	489	13
Disorders of Functions of Stomach	536 & 537	15	8.1	657	13
Alcoholic Psychosis and Alcoholism	291 & 303	15	3.2	632	13
Multiple Sclerosis	340	15	2.2	579	13
Epilepsy	345	14	4	675	12
Alzheimer's Disease and Other Cerebral Degenerations	331	11	1.5	485	9
Obesity	278	8	4.4	437	7
Ulcers of Duodenum and Stomach	531 - 534	6	2.7	303	5

[1] Ninth Revision International Classification of Diseases, 1977.
[2] MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.
[f] Rate per 1,000 female beneficiaries.

Notes: MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

Table 18

Turnover* of Physicians

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2011-12[1]	404		178		194	
		7.2		3.4		17.5
Still Practising in 2012-13[2]	375		172		160	
Practising in 2012-13[1]	427		190		215	
		8.0		12.6		15.3
Still Practising in 2013-14[2]	393		166		182	
Practising in 2013-14[1]	430		201		234	
		14.7		14.9		17.9
Still Practising in 2014-15[2]	367		171		192	
Practising in 2014-15[1]	412		201		254	
		5.8		12.9		16.5
Still Practising in 2015-16	388		175		212	
Practising in 2015-16[1]	450		213		255	
		10.9		7.5		20.8
Still Practising in 2016-17	401		197		202	
Practising in 2016-17[1]	458		245		228	

	General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2011-12[1]	776		651		1,427	
		8.9		5.8		7.5
Still Practising in 2012-13[2]	707		613		1,320	
Practising in 2012-13[1]	832		703		1,535	
		10.9		9.2		10.2
Still Practising in 2013-14[2]	741		638		1,379	
Practising in 2013-14[1]	865		694		1,559	
		15.6		8.5		12.4
Still Practising in 2014-15[2]	730		635		1,365	
Practising in 2014-15[1]	867		729		1,596	
		10.6		7.7		9.3
Still Practising in 2015-16[2]	775		673		1,448	
Practising in 2015-16[1]	918		781		1,699	
		12.9		10.2		11.7
Still Practising in 2016-17[2]	800		701		1,501	
Practising in 2016-17[1]	931		799		1,730	

* Turnover includes physicians who have left the province, physicians who have moved to different communities within the province, physicians who did not meet the billing threshold and physicians who remain in the same location but have changed specialties. Turnover does not reflect the percentage of physicians not retained.

[1] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes:

1) The net number of physicians who entered practice in 2016-17 was 229, the difference between "Practising" (1,730) and "Still Practising" (1,501).
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
3) All current recruitment and retention initiatives are outlined in the Appendix.
4) The table has been adjusted historically, as Lloydminster is now classified as a Urban Community.

Table 19

Physicians in Relation to Population and Practice Size

Type of Physician[1]	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician[2] (000's)		Average Patient Contacts Per Physician[3] (000's)		Per Cent of Beneficiaries Treated	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
General Practitioner[4]	**918**	**955**	**1.3**	**1.2**	**2.1**	**2.1**	**5.0**	**4.8**	**78.8**	**78.0**
Specialists[4]										
Paediatricians and Medical Geneticists	61	66	18.8	17.8	0.9	0.9	1.8	1.8	3.6	3.7
Internists and Physiatrists	146	159	7.9	7.4	1.7	1.7	3.7	3.6	13.3	13.7
Neurologists	17	18	67.6	65.2	1.7	1.7	2.9	2.8	2.3	2.3
Cardiologists	27	26	42.5	45.1	4.2	4.3	3.6	3.5	6.0	6.1
Psychiatrists	63	67	18.2	17.5	0.5	0.5	1.9	2.1	2.0	2.3
Dermatologists	8	9	143.6	130.4	2.8	2.8	4.9	4.8	1.9	2.1
Anaesthetists	112	113	10.3	10.4	0.8	0.8	0.9	0.9	6.0	6.1
General Surgeons	75	81	15.3	14.5	1.0	1.0	2.1	2.0	5.7	5.8
Cardiac Surgeons	6	6	191.4	195.6	0.7	0.6	1.0	1.0	0.3	0.2
Orthopaedic Surgeons	43	43	26.7	27.3	1.4	1.4	2.8	2.8	4.6	4.6
Plastic and Reconstructive Surgeons	15	14	76.6	83.8	1.4	1.6	2.8	3.1	1.8	1.8
Neurological Surgeons	12	13	95.7	90.3	0.7	0.7	1.3	1.2	0.7	0.7
Obstetricians and Gynaecologists	64	62	17.9	18.9	1.2	1.3	2.7	2.9	4.6	4.7
Urological Surgeons	17	17	67.6	69.0	1.3	1.4	2.0	2.2	1.6	1.8
Ophthalmologists	27	28	42.5	41.9	3.2	3.2	7.5	7.5	7.1	7.0
Otolaryngologists	15	18	76.6	65.2	2.6	2.5	4.2	4.2	3.3	3.6
Pathologists and Diagnostic Radiologists	73	76	15.7	15.4	4.2	4.1	0.2	0.2	18.7	19.5
All Specialists[4]	**781**	**816**	**1.5**	**1.4**	**1.6**	**1.7**	**2.4**	**2.4**	**43.7**	**44.3**
All Physicians[4]	**1,699**	**1,771**	**0.7**	**0.7**	**1.9**	**1.9**	**3.8**	**3.7**	**81.4**	**80.7**
Licensed Physicians[5]	2,375	2,491	0.5	0.5	–	–	–	–	–	–

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a physician saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[5] Licensed physicians, as of the last day of the fiscal year, includes temporary licensed locum physicians but excludes educational locums and medical residents.

Notes:

1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 20

Physicians by Size of Practice

Type of Physician[1]	Number of Physicians[2]	Size of Practice by Range of Patients[3]: Less Than 501	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More Than 3,500
General Practitioners									
Metro Association	392	17	51	68	65	52	22	28	89
Metro Solo	86	25	23	11	14	7	2	2	2
Urban Association	182	5	19	44	36	15	14	18	31
Urban Solo	47	9	8	4	7	6	4	3	6
Rural Association	226	1	23	65	65	45	15	7	5
Rural Solo	22	2	5	4	4	1	2	2	2
All General Practitioners 2016-17	**955**	**59**	**129**	**196**	**191**	**126**	**59**	**60**	**135**
All General Practitioners 2015-16	918	50	127	191	182	121	61	49	137
Specialists									
Paediatricians and Medical Geneticists	66	18	33	10	2	0	1	0	2
Internists and Physiatrists	159	22	43	25	22	17	12	4	14
Neurologists	18	2	2	4	3	6	0	0	1
Cardiologists	26	0	2	0	3	1	5	0	15
Psychiatrists	67	41	21	3	1	1	0	0	0
Dermatologists	9	0	1	1	0	3	1	1	2
Anaesthetists	113	17	69	24	2	1	0	0	0
General Surgeons	81	15	31	18	16	0	1	0	0
Cardiac Surgeons	6	2	4	0	0	0	0	0	0
Orthopaedic Surgeons	43	1	9	17	10	3	2	0	1
Plastic and Reconstructive Surgeons	14	0	3	5	3	1	0	2	0
Neurological Surgeons	13	2	10	1	0	0	0	0	0
Obstetricians and Gynaecologists	62	6	16	19	13	4	4	0	0
Urological Surgeons	17	2	0	8	5	1	1	0	0
Ophthalmologists	28	0	0	3	3	6	0	4	12
Otolaryngologists	18	1	3	1	1	2	4	2	4
Pathologists and Diagnostic Radiologists	76	3	9	2	5	6	6	5	40
All Specialists 2016-17	**816**	**132**	**256**	**141**	**89**	**52**	**37**	**18**	**91**
All Specialists 2015-16	781	123	248	143	92	39	24	25	87
All Physicians 2016-17	**1,771**	**191**	**385**	**337**	**280**	**178**	**96**	**78**	**226**
All Physicians 2015-16	1,699	173	375	334	274	160	85	74	224

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

Notes:

1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 21

Physicians by Range of Patient Contacts

Type of Physician[1]	Number of Physicians[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association	392	54	132	82	52	27	22	23
Metro Solo	86	44	8	14	9	5	4	2
Urban Association	182	25	70	33	23	15	10	6
Urban Solo	47	19	5	4	7	8	–	4
Rural Association	226	34	99	62	20	6	3	2
Rural Solo	22	4	5	2	4	1	3	3
All General Practitioners 2016-17	**955**	**180**	**319**	**197**	**115**	**62**	**42**	**40**
All General Practitioners 2015-16	918	176	269	205	110	71	45	42
Specialists								
Paediatricians and Medical Geneticists	66	48	15	1	1	–	1	–
Internists and Physiatrists	159	56	58	24	9	4	3	5
Neurologists	18	6	9	2	1	–	–	–
Cardiologists	26	4	15	5	1	1	–	–
Psychiatrists	67	46	11	7	2	–	–	1
Dermatologists	9	1	2	4	1	–	1	–
Anaesthetists	113	111	2	–	–	–	–	–
General Surgeons	81	45	32	4	–	–	–	–
Cardiac Surgeons	6	6	–	–	–	–	–	–
Orthopaedic Surgeons	43	13	26	2	1	1	–	–
Plastic and Reconstructive Surgeons	14	5	6	1	2	–	–	–
Neurological Surgeons	13	13	–	–	–	–	–	–
Obstetricians and Gynaecologists	62	25	22	12	3	–	–	–
Urological Surgeons	17	8	7	2	–	–	–	–
Ophthalmologists	28	2	1	7	6	6	5	1
Otolaryngologists	18	4	4	5	4	1	–	–
Pathologists and Diagnostic Radiologists	76	74	2	–	–	–	–	–
All Specialists 2016-17	**816**	**467**	**212**	**76**	**31**	**13**	**10**	**7**
All Specialists 2015-16	781	454	190	79	27	12	10	9
All Physicians 2016-17	**1,771**	**647**	**531**	**273**	**146**	**75**	**52**	**47**
All Physicians 2015-16	1,699	630	459	284	137	83	55	51

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same physician, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 22

Physicians by Place of Graduation[1]

Type of Physician[2]	Number of Physicians[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Metro Association	392	177	25	6	17	10	63	93	1
Metro Solo	86	24	3	3	6	2	28	19	1
Urban Association	182	38	6	6	15	5	23	87	2
Urban Solo	47	6	1	2	4	1	9	24	–
Rural Association	226	37	7	5	13	5	31	125	3
Rural Solo	22	6	–	2	4	1	2	7	–
All General Practitioners 2016-17	**955**	**288**	**42**	**24**	**59**	**24**	**156**	**355**	**7**
All General Practitioners 2015-16	918	269	38	24	62	21	148	353	3
Specialists									
Paediatricians and Medical Geneticists	66	13	23	2	3	3	14	7	1
Internists and Physiatrists	159	55	29	7	7	11	23	26	1
Neurologists	18	5	4	1	1	–	3	4	–
Cardiologists	26	13	2	1	–	1	5	4	–
Psychiatrists	67	27	7	3	1	2	9	18	–
Dermatologists	9	5	4	–	–	–	–	–	–
Anaesthetists	113	57	21	1	1	2	10	21	–
General Surgeons	81	29	23	2	–	2	11	14	–
Cardiac Surgeons	6	1	4	–	–	1	–	–	–
Orthopaedic Surgeons	43	26	5	–	–	–	3	9	–
Plastic and Reconstructive Surgeons	14	7	3	2	–	–	–	2	–
Neurological Surgeons	13	4	2	1	–	–	2	4	–
Obstetricians and Gynaecologists	62	24	12	2	1	2	6	15	–
Urological Surgeons	17	7	6	–	–	–	–	3	1
Ophthalmologists	28	18	–	1	4	–	3	2	–
Otolaryngologists	18	10	1	–	1	–	–	6	–
Pathologists and Diagnostic Radiologists	76	32	25	1	3	1	8	5	1
All Specialists 2016-17	**816**	**333**	**171**	**24**	**22**	**25**	**97**	**140**	**4**
All Specialists 2015-16	781	323	161	21	18	26	91	139	2
All Physicians 2016-17	**1,771**	**621**	**213**	**48**	**81**	**49**	**253**	**495**	**11**
Per Cent Distribution 2015-16	100%	35%	12%	3%	5%	3%	14%	28%	1%
All Physicians 2015-16	**1,699**	**592**	**199**	**45**	**80**	**47**	**239**	**492**	**5**
Per Cent Distribution 2015-16	100%	35%	12%	3%	5%	3%	14%	29%	0%

[1] The place of graduation is the location at which the first medical degree was obtained.

[2] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
2) Per Cent Distributions will not add to 100 percent due to rounding.

Table 23

Physicians by Age Group

Type of Physician[1]	Number of Physicians[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association	392	51	101	100	87	53
Metro Solo	86	0	9	32	23	22
Urban Association	182	29	75	43	24	11
Urban Solo	47	2	10	11	11	13
Rural Association	226	49	97	54	17	9
Rural Solo	22	0	2	6	8	6
All General Practitioners 2016-17	**955**	**131**	**294**	**246**	**170**	**114**
All General Practitioners 2015-16	918	139	260	246	157	116
Specialists						
Paediatricians and Medical Geneticists	66	9	24	18	8	7
Internists and Physiatrists	159	18	43	48	26	24
Neurologists	18	1	6	5	3	3
Cardiologists	26	0	9	9	5	3
Psychiatrists	67	10	22	18	10	7
Dermatologists	9	5	1	0	2	1
Anaesthetists	113	13	37	30	26	7
General Surgeons	81	5	23	26	22	5
Cardiac Surgeons	6	0	0	4	2	0
Orthopaedic Surgeons	43	2	16	15	8	2
Plastic and Reconstructive Surgeons	14	2	6	4	2	0
Neurological Surgeons	13	1	4	3	3	2
Obstetricians and Gynaecologists	62	7	18	18	12	7
Urological Surgeons	17	2	3	4	6	2
Ophthalmologists	28	1	9	7	7	4
Otolaryngologists	18	2	4	5	6	1
Pathologists and Diagnostic Radiologists	76	4	30	19	16	7
All Specialists 2016-17	**816**	**82**	**255**	**233**	**164**	**82**
All Specialists 2015-16	781	78	249	220	157	77
All Physicians 2016-17	**1,771**	**213**	**549**	**479**	**334**	**196**
Per Cent Distribution 2016-17	100%	12%	31%	27%	19%	11%
All Physicians 2015-16	**1,699**	**217**	**509**	**466**	**314**	**193**
Per Cent Distribution 2015-16	100%	13%	30%	27%	18%	11%

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
2) Per Cent Distributions will not add to 100 percent due to rounding.

Table 24

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	343.4	1,771	254.1	955	447.9	816
Highest Paid	3,088.4		1,141.5		3,088.4	
Less than $60,000	25.1	302	26.5	169	23.3	133
$60,000 - $74,999	66.9	62	65.9	33	67.9	29
$75,000 - $99,999	87.0	123	87.3	83	86.4	40
$100,000 - $124,999	112.9	122	113.2	89	111.9	33
$125,000 - $149,999	137.0	118	137.4	86	135.8	32
$150,000 - $174,999	161.4	118	162.0	86	159.9	32
$175,000 - $199,999	187.1	93	187.6	63	186.0	30
$200,000 - $249,999	224.8	181	225.4	116	223.8	65
$250,000 - $299,999	276.0	166	275.0	109	277.9	57
$300,000 - $349,999	325.0	148	324.4	85	326.0	63
Over $350,000	613.1	640	497.3	205	667.6	435
Total	**297.1**	**2,073**	**219.9**	**1,124**	**388.4**	**949**

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	252.1	478	269.7	229	243.7	248
Highest Paid	1,092.8		1,141.5		858.8	
Less than $60,000	24.8	101	25.7	32	32.2	36
$60,000 - $74,999	65.5	18	67.4	9	65.2	6
$75,000 - $99,999	88.2	46	87.1	21	84.8	16
$100,000 - $124,999	111.7	48	113.4	17	116.1	24
$125,000 - $149,999	136.8	35	139.0	22	136.7	29
$150,000 - $174,999	162.4	45	162.0	20	161.2	21
$175,000 - $199,999	187.3	24	189.7	21	185.5	18
$200,000 - $249,999	225.5	59	222.3	19	226.8	38
$250,000 - $299,999	274.2	55	276.3	26	275.5	28
$300,000 - $349,999	325.8	46	320.1	13	323.9	26
Over $350,000	489.6	102	517.1	61	487.0	42
Total	**212.5**	**579**	**239.8**	**261**	**216.9**	**284**

[1] Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Opthalmology and Radiology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This provides a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2013-14 or 2012-13 should be done with caution.

Table 24 (Continued)

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	206.8	66	389.8	159	860.4	26
Highest Paid	987.0		1,478.5		1,781.9	
Less than $60,000	23.6	22	24.9	23	--	--
$60,000 - $74,999	71.2	2	68.5	9	70.2	1
$75,000 - $99,999	86.5	9	90.1	6	75.0	1.0
$100,000 - $124,999	113.0	10	110.6	7	--	--
$125,000 - $149,999	137.2	9	136.7	13	--	--
$150,000 - $174,999	158.6	7	162.0	12	--	--
$175,000 - $199,999	184.3	6	179.6	3	--	--
$200,000 - $249,999	220.0	6	231.2	14	237.1	1
$250,000 - $299,999	273.9	8	280.3	11	--	--
$300,000 - $349,999	333.7	1	324.9	11	--	--
Over $350,000	537.9	8	628.6	73	956.1	23
Total	**161.0**	**88**	**343.7**	**182**	**860.4**	**26**

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	376.7	18	365.0	67	345.8	9
Highest Paid	1,080.0		1,203.8		665.4	
Less than $60,000	44.8	2	26.5	10	--	--
$60,000 - $74,999	--	--	67.7	2	--	--
$75,000 - $99,999	--	--	85.3	9	85.7	1
$100,000 - $124,999	114.3	3	112.9	4	--	--
$125,000 - $149,999	--	--	134.4	3	--	--
$150,000 - $174,999	150.6	1	159.7	2	--	--
$175,000 - $199,999	197.9	1	187.0	3	--	--
$200,000 - $249,999	202.9	1	221.1	9	241.1	1
$250,000 - $299,999	280.3	2	284.7	7	275.0	2
$300,000 - $349,999	318.5	1	326.9	4	328.6	1
Over $350,000	556.4	9	688.7	24	476.8	4
Total	**343.5**	**20**	**321.1**	**77**	**345.8**	**9**

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 24 (Continued)

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	361.2	113	377.8	81	784.3	6
Highest Paid	906.6		918.5		988.1	
Less than $60,000	8.4	4	26.8	6	--	--
$60,000 - $74,999	69.3	3	67.3	6	--	--
$75,000 - $99,999	78.8	1	89.6	2	--	--
$100,000 - $124,999	115.2	3	100.5	1	--	--
$125,000 - $149,999	136.8	2	129.7	3	--	--
$150,000 - $174,999	163.7	3	160.0	2	--	--
$175,000 - $199,999	179.3	3	190.1	2	--	--
$200,000 - $249,999	228.8	9	215.9	5	--	--
$250,000 - $299,999	267.8	10	283.7	8	--	--
$300,000 - $349,999	330.4	18	321.9	11	--	--
Over $350,000	462.2	61	535.2	41	784.3	6
Total	**349.1**	**117**	**353.6**	**87**	**784.3**	**6**

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	583.1	43	537.7	14	549.8	13
Highest Paid	1,742.5		1,152.9		1,335.7	
Less than $60,000	23.4	6	30.4	4	--	--
$60,000 - $74,999	60.0	1	--	--	85.9	1.0
$75,000 - $99,999	--	--	--	--	--	--
$100,000 - $124,999	--	--	--	--	--	--
$125,000 - $149,999	--	--	--	--	--	--
$150,000 - $174,999	--	--	155.5	1	--	--
$175,000 - $199,999	176.4	1	--	--	--	--
$200,000 - $249,999	216.2	3	--	--	206.1	1.0
$250,000 - $299,999	297.8	2	--	--	--	--
$300,000 - $349,999	321.7	4	321.3	2	321.3	3
Over $350,000	697.1	32	611.7	11	611.7	8
Total	**514.6**	**49**	**424.9**	**18**	**497.4**	**13**

[1] Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Opthalmology and Radiology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This provides a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2013-14 or 2012-13 should be done with caution.

Table 24 (Continued)

Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	419.3	62	446.7	17	1,198.0	28
Highest Paid	1,072.2		1,114.8		2,361.0	
Less than $60,000	24.7	2	38.4	2.0	15.8	2
$60,000 - $74,999	64.5	2.0	--	--	--	--
$75,000 - $99,999	88.4	1	81.2	1	--	--
$100,000 - $124,999	111.2	2	116.6	1	--	--
$125,000 - $149,999	--	--	--	--	--	--
$150,000 - $174,999	--	--	--	--	--	--
$175,000 - $199,999	186.9	6	--	--	--	--
$200,000 - $249,999	217.5	10	228.9	2	--	--
$250,000 - $299,999	270.3	2	--	--	--	--
$300,000 - $349,999	310.7	2	319.6	2	--	--
Over $350,000	570.2	37	572.7	11	1198.0	28
Total	**406.9**	**64**	**403.7**	**19**	**1119.0**	**30**

	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians[4]	590.7	18	520.3	76
Highest Paid	1,281.7		3,088.4	
Less than $60,000	--	--	20.9	50
$60,000 - $74,999	69.7	1	67.1	2
$75,000 - $99,999	81.3	2	88.7	6
$100,000 - $124,999	--	--	103.8	2
$125,000 - $149,999	--	--	134.6	2
$150,000 - $174,999	156.2	1	156.8	3
$175,000 - $199,999	--	--	192.5	5
$200,000 - $249,999	226.0	1	234.6	2
$250,000 - $299,999	--	--	275.6	5
$300,000 - $349,999	344.3	1	316.8	2
Over $350,000	806.1	12	733.7	47
Total	**590.7**	**18**	**322.1**	**126**

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 25

Average Payment[2] ($000's) Per Physician by Specialty, 2011-12 to 2016-17

Type of Physician[1]	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	Average Annual Per Cent Change 2011-12 to 2016-17
General Practitioners							
Metro Association	261.3	274.6	288.3	257.5	259.2	252.6	0.53
Metro Solo	244.9	259.5	262.9	240.7	237.8	250.1	0.56
Urban Association	267.5	280.4	261.8	245.0	251.6	251.0	-1.15
Urban Solo	322.1	372.5	358.2	321.5	352.0	341.9	1.64
Rural Association	263.2	264.7	262.6	226.9	226.8	232.1	-2.31
Rural Solo	278.4	338.0	355.5	330.1	327.2	362.4	5.86
All General Practitioners	**265.2**	**280.2**	**281.4**	**252.9**	**253.4**	**254.1**	**-0.71**
Specialists							
Paediatricians and Medical Geneticists	207.9	207.8	220.5	206.6	193.6	206.8	0.06
Internists and Physiatrists	359.2	362.8	374.3	370.4	377.6	389.8	1.66
Neurologists	334.7	328.7	354.9	366.3	370.7	376.7	2.44
Cardiologists	753.9	810.9	821.9	779.2	822.3	860.4	2.78
Psychiatrists	247.0	277.5	267.7	261.0	299.6	365.0	8.59
Dermatologists	459.9	455.9	440.0	351.9	322.4	345.8	-5.10
Anaesthetists	323.0	344.5	341.5	341.8	344.4	361.2	2.30
General Surgeons	379.4	383.1	397.6	378.4	379.9	377.8	-0.05
Cardiac Surgeons	849.9	844.7	841.3	791.4	913.9	784.3	-1.13
Orthopaedic Surgeons	508.0	552.8	551.5	594.0	578.9	583.1	2.89
Plastic and Reconstructive Surgeons	422.2	489.2	551.3	521.6	493.5	537.7	5.35
Neurological Surgeons	428.0	521.6	548.6	525.4	535.2	549.8	5.48
Obstetricians and Gynaecologists	406.0	408.3	410.3	420.8	396.3	419.3	0.72
Urological Surgeons	420.7	466.1	455.6	456.6	411.3	446.7	1.49
Ophthalmologists	1,002.0	1,102.0	1,023.0	1,135.0	1,149.0	1,198.0	3.85
Otolaryngologists	463.4	494.5	521.1	558.3	568.5	590.7	4.99
Pathologists and Diagnostic Radiologists	480.1	449.8	421.6	400.4	490.2	520.3	2.19
All Specialists	**410.5**	**423.9**	**426.7**	**420.4**	**430.3**	**447.9**	**1.78**
Spec. less Pathologists & Radiologists	403.5	420.9	427.3	422.9	424.1	440.5	1.79
All Physicians	**331.5**	**346.8**	**347.8**	**329.9**	**334.7**	**343.4**	**0.76**
Phys. less Pathologists & Radiologists	325.0	421.4	427.2	421.5	427.6	444.7	7.03

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year. Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[2] Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Ophthamology and Radiology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[3] In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This will provide a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments pre and post 2014-15 should be done with caution.

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Laboratory services provided by Pathologists are the responsibility of Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.
3) Changes in the number of active physicians and average payments may have been influenced by the locum billing number policy changes.
4) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 26

Physician Payments ($000's) by Specialty Group

	General Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina	190	279.1	102	541.2	88	625.0	66	449.9
Saskatoon[3]	275	236.5	207	302.7	134	544.8	107	404.8
Moose Jaw	32	277.5	8	458.1	10	469.6	2	**
Prince Albert	77	262.7	12	482.9	20	413.5	10	569.9
Yorkton	20	290.0	4	**	7	584.9	1	**
Swift Current	24	271.9	3	**	7	416.4	2	**
North Battleford	27	315.3	2	**	9	393.5	--	--
Estevan	11	412.6	--	--	--	--	--	--
Weyburn	16	256.6	--	--	--	--	--	--
All Other Locations	283	233.4	7	211.8	7	183.8	1	**
B. By Activity Threshold:								
1. Total Active Physicians[2]	955	254.1	345	383.6	282	541.9	189	425.1
2. Total Licensed Physicians[4]	1,301	--	506	--	333	--	351	--
3. Resident and Active in Two Consecutive Years[2]	834	271.8	301	415.8	262	566.6	171	451.7
4. Resident at Year End With Payments of $15,000 or More in Each Quarter of the Year	791	284.2	275	447.4	248	594.7	152	480.0
C. By Age Group:[2]								
Under 35	131	189.0	43	249.5	22	474.3	17	357.5
35 - 44	294	227.2	105	387.0	83	566.9	67	442.9
45 - 54	246	284.6	98	393.0	86	575.3	49	387.9
55 - 64	170	281.9	54	443.3	23	412.5	42	454.4
65+	114	291.4	45	411.8	22	534.7	14	464.4

[1] Physicians are grouped as follows:
- Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Licensed Physicians are all physicians on the Medical Care Insurance Physician Registry except for those known to be retired. Educational locums, residents and interns ar typically excluded.

** Not shown, to preserve confidentiality.

Note:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.
2) Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.
3) In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This will provide a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2014-15 and either 2013-14 or 2012-13 should be done with caution.

Table 27

Payments[1] for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency Coverage[2]	Total Payments for Emergency Coverage
	Number of Rotations				
	Tier I	Tier II	Payments[3]		
Regional Health Authority					
1 Sun Country	2	4	$685,502	$1,282,320	$1,967,822
2 Five Hills	7	3	$1,508,505	$476,927	$1,985,432
3 Cypress	7	2	$1,419,472	$541,692	$1,961,164
4 Regina Qu'Appelle	34	14	$8,171,537	$820,704	$8,992,241
5 Sunrise	6	2	$1,180,375	$617,718	$1,798,093
6 Saskatoon	46	26	$11,973,478	$1,211,008	$13,184,486
7 Heartland	–	1	$70,005	$1,213,951	$1,283,956
8 Kelsey Trail	–	5	$364,365	$1,111,804	$1,476,169
9 Prince Albert	8	3	$1,779,094	$198,848	$1,977,942
10 Prairie North	13	7	$2,925,514	$518,816	$3,444,330
11 Mamawetan	–	–	–	$196,595	$196,595
12 Keewatin Yatthé	–	–	–	$309,141	$309,141
13 Athabasca	–	–	–	$138,458	$138,458
All Regional Health Authorities			**$30,077,848**	**$8,637,980**	**$38,715,828**
Other Emergency Coverage					
Medical Health Officers	–	3	$450,000	–	$450,000
Saskatchewan Cancer Agency	2	5	$1,150,000	–	$1,150,000
All Emergency Coverage	**125**	**75**	**$31,677,848**	**$8,637,980**	**$40,315,828**

[1] Includes payments made indirectly to physicians through Regional Health Authorities, the Saskatchewan Cancer Agency or other.
[2] Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.
[3] Includes ERCP and Family Physician on call payments as well as any payments for travel expenses when general practitioners provide weekend relief.

Notes:

Tier I Coverage: Continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: Either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Table 28

Medical Remuneration and Alternate Payment Expenditures ($000's)

		Medical Remuneration Payments[1]		Alternate Payments[2]		Non-Fee-For-Service Total Payments	
		2015-16	2016-17[3]	2015-16	2016-17[3]	2015-16	2016-17[3]
Regional Health Authority							
1	Sun Country	3,075	--	--	--	3,075	2,760
2	Five Hills	6,763	--	4,254	--	11,018	11,212
3	Cypress	6,426	--	3,358	--	9,785	9,596
4	Regina Qu'Appelle	67,950	--	3,719	--	71,669	72,209
5	Sunrise	7,009	--	--	--	7,009	7,046
6	Saskatoon	61,342	--	19,294	--	80,636	92,992
7	Heartland	1,541	--	--	--	1,541	1,014
8	Kelsey Trail	1,889	--	--	--	1,889	1,229
9	Prince Albert Parkland	9,086	--	8,360	--	17,446	17,901
10	Prairie North	10,388	--	752	--	11,140	11,078
11	Mamawetan Churchill River	83	--	--	--	83	85
12	Keewatin Yatthé	--	--	--	--	--	--
13	Athabasca	--	--	--	--	--	--
All Regional Health Authorities		175,552	--	39,738	--	215,290	$227,123
	Provincial Projects[2]	--	--	5,336	--	5,336	$4,838
All Expenditures		**175,552**	**--**	**45,074**	**--**	**220,626**	**$231,961**

[1] These expenditures for physician services are administered through Regional Health Authorities and funded by the Ministry of Health.
[2] These Alternate Payment arrangements are funded predominately through the College of Medicine.
[3] The method used to calculate the method of renumeration for physicians changed during fiscal year 2016-17. As a result, the data is no longer divided into Medical and Alternate payments, only non-fee-for-service payments.

Note: Payments for primary care arrangements are excluded.

Table 29

Insured Population by Age and Sex by Regional Health Authority

Age Groups	Sex	Regional Health Authority of Patient Residence														
		1 Sun Country	2 Five Hills	3 Cypress	4 Regina Qu'Appelle	5 Sunrise	6 Saskatoon	7 Heartland	8 Kelsey Trail	9 Prince Albert Parkland	10 Prairie North	11 Mamawetan Churchill River	12 Keewatin Yatthé	13 Athabasca	Unassigned	Total
Under 1	M	346	271	242	1,962	308	2,436	268	226	522	681	250	105	28	0	**7,645**
	F	351	315	244	1,859	326	2,346	253	212	534	654	256	122	27	3	**7,499**
	T	697	586	486	3,821	634	4,782	521	438	1,056	1,335	506	227	55	3	**15,144**
1 - 4	M	1,584	1,363	1,073	7,831	1,333	10,020	1,068	1,055	2,400	2,678	1,006	497	91	3	**31,999**
	F	1,529	1,230	985	7,747	1,235	9,488	1,058	1,039	2,262	2,651	987	464	88	2	**30,763**
	T	3,113	2,593	2,058	15,578	2,568	19,508	2,126	2,094	4,662	5,329	1,993	961	179	5	**62,762**
5 - 9	M	1,940	1,756	1,295	9,939	1,773	12,006	1,361	1,385	3,132	3,441	1,445	653	163	2	**40,289**
	F	1,978	1,671	1,265	9,398	1,731	11,441	1,331	1,340	2,961	3,418	1,277	606	149	4	**38,566**
	T	3,918	3,427	2,560	19,337	3,504	23,447	2,692	2,725	6,093	6,859	2,722	1,259	312	6	**78,855**
10 - 14	M	1,816	1,521	1,373	8,720	1,714	10,682	1,328	1,345	2,929	3,031	1,180	509	134	2	**36,282**
	F	1,832	1,474	1,267	8,246	1,587	10,236	1,233	1,211	2,725	3,032	1,156	483	146	2	**34,628**
	T	3,648	2,995	2,640	16,966	3,301	20,918	2,561	2,556	5,654	6,063	2,336	992	280	4	**70,910**
15 - 19	M	1,731	1,624	1,424	8,857	1,718	10,885	1,361	1,340	2,924	2,970	1,103	541	128	3	**36,606**
	F	1,828	1,502	1,368	8,415	1,610	10,264	1,319	1,333	2,818	2,902	1,095	484	115	7	**35,053**
	T	3,559	3,126	2,792	17,272	3,328	21,149	2,680	2,673	5,742	5,872	2,198	1,025	243	10	**71,659**
20 - 24	M	2,084	1,765	1,445	10,345	1,798	12,165	1,478	1,427	2,991	3,142	1,178	589	112	11	**40,519**
	F	1,812	1,639	1,400	9,661	1,677	12,026	1,273	1,282	2,890	2,956	1,090	561	116	30	**38,383**
	T	3,896	3,404	2,845	20,006	3,475	24,191	2,751	2,709	5,881	6,098	2,268	1,150	228	41	**78,902**
25 - 29	M	2,290	1,963	1,439	12,517	1,814	14,965	1,501	1,274	3,032	3,372	1,055	577	115	21	**45,914**
	F	2,123	1,774	1,404	11,580	1,668	14,584	1,431	1,194	2,889	3,182	1,034	552	101	33	**43,516**
	T	4,413	3,737	2,843	24,097	3,482	29,549	2,932	2,468	5,921	6,554	2,089	1,129	216	54	**89,430**
30 - 34	M	2,277	1,866	1,396	12,544	1,765	15,213	1,460	1,213	2,591	3,370	849	448	114	9	**45,106**
	F	2,115	1,861	1,397	11,581	1,716	14,792	1,362	1,146	2,655	3,170	837	402	127	15	**43,161**
	T	4,392	3,727	2,793	24,125	3,481	30,005	2,822	2,359	5,246	6,540	1,686	850	241	24	**88,267**
35 - 39	M	2,235	1,767	1,356	11,445	1,819	13,457	1,368	1,176	2,466	2,903	753	325	100	5	**41,170**
	F	1,991	1,709	1,295	10,536	1,698	12,863	1,282	1,153	2,347	2,849	700	341	82	7	**38,846**
	T	4,226	3,476	2,651	21,981	3,517	26,320	2,650	2,329	4,813	5,752	1,453	666	182	12	**80,016**
40 - 44	M	1,933	1,581	1,253	9,934	1,697	11,849	1,186	1,240	2,272	2,553	704	378	77	2	**36,657**
	F	1,718	1,538	1,254	9,324	1,603	11,346	1,189	1,126	2,351	2,439	717	355	64	3	**35,024**
	T	3,651	3,119	2,507	19,258	3,300	23,195	2,375	2,366	4,623	4,992	1,421	733	141	5	**71,681**
45 - 49	M	1,800	1,543	1,249	9,311	1,715	11,206	1,283	1,182	2,406	2,280	709	394	81	1	**35,159**
	F	1,644	1,538	1,300	8,805	1,682	10,637	1,196	1,182	2,292	2,255	625	411	73	2	**33,640**
	T	3,444	3,081	2,549	18,116	3,397	21,843	2,479	2,364	4,698	4,535	1,334	805	154	3	**68,799**
50 - 54	M	2,134	2,004	1,625	10,178	2,068	12,232	1,558	1,463	2,541	2,604	634	394	65	2	**39,500**
	F	1,918	1,957	1,642	10,126	2,012	11,931	1,539	1,389	2,678	2,572	645	367	70	0	**38,846**
	T	4,052	3,961	3,267	20,304	4,080	24,163	3,097	2,852	5,219	5,176	1,279	761	135	2	**78,346**
55 - 59	M	2,184	2,233	1,880	9,969	2,244	11,699	1,786	1,496	2,785	2,576	606	336	46	1	**39,840**
	F	1,954	2,203	1,786	9,689	2,081	11,666	1,629	1,441	2,779	2,530	565	291	41	0	**38,655**
	T	4,138	4,436	3,666	19,658	4,325	23,365	3,415	2,937	5,564	5,106	1,171	627	87	1	**78,495**
60 - 64	M	1,885	2,046	1,683	8,421	2,149	10,016	1,707	1,524	2,518	2,210	482	245	26	1	**34,912**
	F	1,678	1,991	1,548	8,601	1,963	10,111	1,486	1,427	2,410	2,151	437	197	28	1	**34,028**
	T	3,563	4,037	3,231	17,022	4,112	20,127	3,193	2,951	4,928	4,361	919	442	54	2	**68,940**
65 - 69	M	1,403	1,664	1,282	6,404	1,775	7,436	1,244	1,247	2,054	1,712	377	196	29	1	**26,823**
	F	1,342	1,642	1,255	6,660	1,816	7,721	1,207	1,238	2,106	1,605	306	148	28	0	**27,074**
	T	2,745	3,306	2,537	13,064	3,591	15,157	2,451	2,485	4,160	3,317	683	344	57	1	**53,897**
70 - 74	M	1,028	1,112	905	4,219	1,295	4,959	942	989	1,457	1,186	181	116	22	0	**18,411**
	F	1,063	1,114	911	4,734	1,389	5,458	897	954	1,429	1,135	179	111	15	0	**19,389**
	T	2,091	2,226	1,816	8,953	2,684	10,417	1,839	1,943	2,886	2,321	360	227	37	0	**37,800**
75 & Over	M	1,968	2,133	1,832	7,410	2,643	8,859	1,677	1,787	2,377	1,886	271	168	21	0	**33,032**
	F	2,612	3,026	2,394	10,978	3,636	13,323	2,264	2,307	3,117	2,387	287	155	18	0	**46,504**
	T	4,580	5,159	4,226	18,388	6,279	22,182	3,941	4,094	5,494	4,273	558	323	39	0	**79,536**
Total all ages	**M**	**30,638**	**28,212**	**22,752**	**150,006**	**29,628**	**180,085**	**22,576**	**21,369**	**41,397**	**42,595**	**12,783**	**6,471**	**1,352**	**64**	**589,864**
	F	**29,488**	**28,184**	**22,715**	**147,940**	**29,430**	**180,233**	**21,949**	**20,974**	**41,243**	**41,888**	**12,193**	**6,050**	**1,288**	**109**	**583,575**
	T	**60,126**	**56,396**	**45,467**	**297,946**	**59,058**	**360,318**	**44,525**	**42,343**	**82,640**	**84,483**	**24,976**	**12,521**	**2,640**	**173**	**1,173,439**

[1] There are 173 Beneficiaries not included. The majority of these beneficiaries are students or temporary workers who cannot be connected to a Saskatchewan address.

Notes:

1) Population as at June 30, 2016.
2) Band members are placed in the regional health authority as indicated by their mailing address.

Table 30

Per Cent of General Practitioner Payments by Regional Health Authority of Patient Residence by Physician Regional Health Authority

		Regional Health Authority of Physician Practice														
	Regional Health Authority of Patient Residence	1 Sun Country	2 Five Hills	3 Cypress	4 Regina Qu'Appelle	5 Sunrise	6 Saskatoon	7 Heartland	8 Kelsey Trail	9 Prince Albert Parkland	10 Prairie North	11 Mamawetan Churchill River	12 Keewatin Yatthé	13 Athabasca	Out of Province	Total
1	Sun Country	81.4	1.4	0.2	12.6	0.2	1.0	0.1	0.1	0.3	0.1	--	--	--	2.7	100.0
2	Five Hills	0.4	85.2	1.1	7.7	0.2	2.2	0.6	0.1	0.2	0.2	--	--	--	2.2	100.0
3	Cypress	0.1	1.5	83.4	2.5	0.1	1.8	0.5	0.1	0.1	0.1	--	--	--	9.9	100.0
4	Regina Qu'Appelle	0.5	0.5	0.1	94.0	0.7	1.7	0.1	0.1	0.1	0.1	--	--	--	2.2	100.0
5	Sunrise	0.2	0.2	0.1	7.7	83.9	3.6	0.1	0.5	0.1	0.1	--	--	--	3.5	100.0
6	Saskatoon	0.1	0.2	0.1	1.0	0.3	94.1	0.3	0.3	1.0	0.4	--	--	--	2.2	100.0
7	Heartland	0.1	0.5	2.2	0.6	0.1	13.9	69.8	0.1	0.2	5.3	--	--	--	7.3	100.0
8	Kelsey Trail	0.1	0.2	--	0.9	0.7	7.8	0.2	80.6	7.2	0.2	--	--	--	1.9	100.0
9	Prince Albert Parkland	0.1	0.1	--	0.4	0.1	7.0	0.1	1.7	86.7	1.9	0.2	--	--	1.7	100.0
10	Prairie North	--	0.1	0.1	0.4	0.1	6.1	1.4	0.1	0.7	70.6	--	--	--	20.5	100.0
11	Mamawetan Churchill River	--	0.1	--	0.5	0.1	7.2	0.1	0.6	27.2	0.4	46.1	0.2	0.1	17.4	100.0
12	Keewatin Yatthé	--	0.2	--	0.3	0.1	12.3	0.2	--	8.1	25.2	0.5	48.8	--	4.1	100.0
13	Athabasca	--	0.4	--	0.7	0.1	10.8	--	0.7	30.2	1.0	2.3	0.1	51.9	1.8	100.0
	Unknown	8.8	3.0	4.3	16.0	2.7	16.6	1.0	13.7	6.9	11.9	5.6	6.7	2.2	0.5	100.0
	Rural Emergency Coverage	14.9	5.5	6.3	9.5	7.2	14.0	13.6	13.3	2.3	6.0	2.3	3.6	1.6	--	100
	All Regional Health Authorities	**5.0**	**4.4**	**3.9**	**23.5**	**5.0**	**29.6**	**3.7**	**4.2**	**8.5**	**6.5**	**0.8**	**0.6**	**0.2**	**4.3**	**100**

Notes:

1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between Regional Health Authorities.
3) Band members are placed in the Regional Health Authority as indicated by their mailing address.
4) Payments to physicians by Regional Health Authority have not been adjusted for itinerant services.
5) See "Data Limitations" in *Statistical Figures and Tables*.

Table 31

Per Capita Physician Payments and Services by Regional Health Authority of Patient Residence and Per Cent of Population Treated (In- and Out-of-Province)

	Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
		Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)
1	Sun Country	248.0	6.1	79.0	261.8	3.5	36.2	509.8	9.6	81.0
2	Five Hills	223.4	6.3	80.7	353.1	4.9	45.8	576.5	11.2	83.4
3	Cypress	275.3	6.9	79.0	390.5	5.8	39.0	665.8	12.6	81.4
4	Regina Qu'Appelle	214.4	5.8	81.1	393.6	5.5	50.3	608.1	11.2	84.4
5	Sunrise	252.5	6.7	77.9	324.1	4.4	42.2	576.7	11.1	80.7
6	Saskatoon	219.0	5.9	82.2	369.1	5.8	49.5	588.0	11.7	84.7
7	Heartland	282.8	6.9	80.4	358.7	5.3	47.7	641.5	12.2	83.9
8	Kelsey Trail	266.9	6.7	81.4	310.5	4.2	40.4	577.4	10.9	83.9
9	Prince Albert Parkland	263.5	7.0	78.9	319.2	4.8	43.5	582.7	11.8	81.1
10	Prairie North	300.2	7.1	76.4	524.0	9.3	43.5	824.2	16.3	79.0
11	Mamawetan Churchill River	254.2	6.1	95.2	403.7	5.9	55.0	657.9	12.0	103.0
12	Keewatin Yatthé	171.4	4.1	70.2	253.3	3.6	35.7	424.6	7.7	72.8
13	Athabasca	68.1	1.7	42.0	170.0	2.6	28.6	238.0	4.3	48.3
	All Regional Health Authorities	**241.4**	**6.2**	**80.0**	**371.8**	**5.6**	**46.5**	**613.2**	**11.8**	**82.8**

Notes:

1) This data is not adjusted for any demographic differences between Regional Health Authorities.
2) Band members are placed in the Regional Health Authority as indicated by their mailing address.
3) Excludes payments for specialist and rural emergency coverage programs and lump sum payments to physicians.
4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 32

General Practitioners in Relation to Population, Earnings and Practice Size

Regional Health Authority of Physician Practice	Number of Registered General Practitioners[1]	Number of Active General Practitioners[2]	Population Per Active General Practitioner	Average Payment Per Active GP ($)	Average Number of Patients Per Active GP[3]	Average Patient Contacts Per Active GP[4]	2017 RHA Population
1 Sun Country	54	47	1,279	282,309	2,154	5,036	60,124
2 Five Hills	60	42	1,343	269,277	1,926	5,086	56,394
3 Cypress	46	39	1,166	252,661	1,786	4,644	45,461
4 Regina Qu'Appelle	379	218	1,367	278,187	2,295	5,538	297,945
5 Sunrise	59	42	1,406	296,448	2,017	5,586	59,056
6 Saskatoon	485	319	1,130	235,804	2,125	4,469	360,314
7 Heartland	41	29	1,535	315,343	1,816	5,330	44,522
8 Kelsey Trail	69	38	1,114	249,936	1,846	4,042	42,343
9 Prince Albert Parkland	121	86	961	258,872	2,430	4,990	82,636
10 Prairie North	116	72	1,173	228,162	1,719	3,893	84,485
11 Mamawetan Churchill River	37	14	1,784	132,965	1,944	2,519	24,972
12 Keewatin Yatthé	22	7	1,789	82,566	1,104	1,558	12,521
13 Athabasca	8	2	1,320	86,848	826	1,296	2,640
All Regional Health Authorities	**1,497**	**955**	**1,229**	**254,131**	**2,101**	**4,781**	**1,173,586**

[1] Physicians residing in Saskatchewan at the end of the year and having their own MSP billing number. Physicians may be counted in more than one Regional Health Authority but the provincial total is a discrete count.

[2] General Practitioners with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

[4] A patient contact represents each time a practitioner saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

1) In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15 and 2015-16, the methodology has been refined and program payments have been removed. This will provide a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments for these years should be done with caution.
2) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.
3) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.
4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 33

Post-Graduate Medical Education[1] and Retention Rates by Academic Year[2]

Type of Physician	2011-12 Completed Program	2011-12 Remained[3] in Saskatchewan	2012-13 Completed Program	2012-13 Remained[3] in Saskatchewan	2013-14 Completed Program	2013-14 Remained[3] in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine - Regina	11 [5]	6	17 [8]	8	13	8
Family Medicine - Saskatoon	14 [6]	8	16 [7]	10	11	7
Family Medicine - Rural	8	5	9 [4]	7	11	6
Family Medicine/Emergency	9	2	8	4	7	7
Family Medicine/Enhanced Skills	3	2	5	2	3	2
All Family Medicine	**45**	**23**	**55**	**31**	**45**	**30**
Anaesthesia	3	2	4	2	7	3
Cardiology	2	1	2	1	-	-
Diagnostic Radiology	3	-	3	1	5	-
Emergency Medicine	-	-	-	-	-	-
General Surgery	4	-	5	-	3	-
Internal Medicine	-	-	1	1	3	2
Nephrology	-	-	-	-	1	1
Neurology	-	-	1	1	1	-
Neurosurgery	-	-	1	-	-	-
Obstetrics/Gynaecology	4	1	1	1	9	3
Ophthalmology	1	-	1	1	1	1
Orthopaedic Surgery	3	-	3	-	4	-
Paediatrics	6	2	5	1	4	3
Pathology	-	-	1	-	1	-
Physical Medicine & Rehabilitation	1	1	2	1	1	-
Public Health & Preventive Medicine	-	-	-	-	-	-
Psychiatry	1	1	3	2	7	6
Respiratory Medicine	-	-	3	1	3	2
Rheumatology	-	-	-	-	-	-
All Specialists	**28**	**8**	**36**	**13**	**50**	**21**
Total CSF Funded	**73**	**31**	**91**	**44**	**95**	**51**
Externally Funded	**8**	**6**	**8**	**7**	**6**	**4**
Total Physicians	**81**	**37**	**99**	**51**	**101**	**55**
CSF Funded Retention Rates[9]						
Family Medicine		58%		69%		75%
Specialists		29%		36%		42%
All Physicians		**46%**		**54%**		**57%**
CSF Funded and Externally Funded Retention Rates[9]						
All Physicians		**49%**		**57%**		**57%**

[1] The Ministry supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education; post-graduate medical resident salaries and benefits; and medical and health-related research.

[2] Period ending June of stated year.

[3] Graduates who practised in Saskatchewan for at least six months upon completion of program.

[4] One graduate went on to a further residency program.

[5] Two graduates went on to a further residency program.

[6] Three graduates went on to a further residency program.

[7] Four graduates went on to a further residency program.

[8] Five graduates went on to a further residency program.

[9] Net of the number of graduates who have entered further training.

Note: All current recruitment and retention initiatives are outlined in the Appendix.

Table 33 (Continued)

Post-Graduate Medical Education[1] and Retention Rates by Academic Year[2]

Type of Physician	2014-15 Completed Program	2014-15 Remained[3] In Saskatchewan	2015-16 Completed Program	2015-16 Remained[3] In Saskatchewan	CSF Funded Positions in 2015-16	Retention Rate[3] of June 2015 Graduates
Funded by the Clinical Services Fund						
Family Medicine - Regina	15 [5]	10	12 [7]	8	28	100%
Family Medicine - Saskatoon	18 [6]	10	12 [4]	11	27	100%
Family Medicine - Rural	15 [5]	12	18 [6]	14	42	94%
Family Medicine/Emergency	8	6	9	9	7	100%
Family Medicine/Enhanced Skills	4	2	3	1	5	33%
All Family Medicine	**60**	**40**	**54**	**43**	**109**	**93%**
Anaesthesia	7	5	6	4	32	67%
Cardiology	4	-	1	-	7	0%
Diagnostic Radiology	4	-	3	1	20	33%
Emergency Medicine	2	2	1	-	12	0%
General Surgery	2	1	5	2	36	40%
Internal Medicine	2	2	3	3	72	100%
Nephrology	-	-	1	-	3	0%
Neurology	2	-	3 [4]	-	10	33%
Neurosurgery	2	-	1	-	6	0%
Obstetrics/Gynaecology	5	1	4	3	32	75%
Ophthalmology	1	1	-	-	6	0%
Orthopaedic Surgery	1	-	6	2	10	33%
Paediatrics	3	-	7	3	29	43%
General Pathology	-	-	4	1	10	25%
Physical Medicine & Rehabilitation	2	1	2	1	9	50%
Public Health & Preventive Medicine	1	1	-	-	6	0%
Psychiatry	5 [4]	3	6	5	32	83%
Respiratory Medicine	1	1	2	1	5	50%
Rheumatology	1	1	1	1	1	100%
All Specialists	**45**	**19**	**56**	**27**	**338**	**49%**
Total CSF Funded	**105**	**59**	**110**	**70**	**440**	**69%**
Non CSF Funded	**4**	**3**	**3**	**3**	**7**	**100%**
Total Physicians	**109**	**62**	**113**	**73**	**447**	**70%**
CSF Funded Retention Rates[3]						
Family Medicine		75%		93%		
Specialists		43%		49%		
All Physicians		**61%**		**69%**		
CSF Funded and Externally Funded Retention Rates[3]						
All Physicians		**61%**		**70%**		

Table 34

In-Province Optometrists: Selected Indicators

	2015-16	2016-17
Number of Registered[1] Practitioners	175	185
Population Per Registered[1] Practitioner	6,563	6,344
Per Cent of Beneficiaries Treated (%)	14.3%	14.0%
Practising[2] Optometrists:		
Number of Practitioners	172	185
Number by Age Group: Under 35	62	69
35 - 44	43	49
45 - 54	32	29
55 - 64	23	25
65 and over	12	14
Average Number of Patients Per Practitioner	987	935
Average Patient Contacts Per Practitioner	1,108	1,043
Average Payment Per Practitioner ($)	70,293	69,624
Number by Dollar Range: Less than $10,000	4	10
$10,000 - 19,999	7	14
$20,000 - 39,999	23	27
$40,000 - 59,999	43	40
$60,000 - 79,999	32	32
$80,000 - 99,999	19	17
$100,000 - 119,999	22	21
$120,000 - 139,999	15	12
$140,000 - 159,999	5	8
$160,000 - 179,999	1	4
$180,000 & over	1	0

[1] Optometrists practising in Saskatchewan under MSP coverage at the end of the year.
[2] Optometrists receiving MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Includes optometric services covered by the Medical Services Plan and the Supplementary Health Program.
2) Effective October 1, 2014, an annual eye exam for patients diagnosed with diabetes is insured along with select diagnostic tests.

Appendix

Significant Initiatives and Programs

- **Physician Recruitment Strategy:** Supports initiatives to increase the number of physicians within Saskatchewan, such as the Physician Recruitment Agency of Saskatchewan (saskdocs) and the Saskatchewan International Physician Practice Assessment Program (SIPPA).
- **Specialist Recruitment and Retention Program:** Jointly managed by the Saskatchewan Medical Association and the Ministry of Health along with representation from regional health authorities and saskdocs that identifies, develops and administers programs to support the recruitment and retention of specialist physicians. Details on individual programs are available on the SMA website at www.sma.sk.ca.
- **Specialist Emergency Coverage Program:** This program is jointly managed by the Saskatchewan Medical Association, Regional Health Authorities and the Ministry of Health in a tripartite committee. The primary objective of the program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).
- **Committee on Rural and Regional Practice (CORRP):** Jointly managed by the Saskatchewan Medical Association and the Ministry of Health along with representation from Regional Health Authorities and saskdocs that identifies, develops and administers programs to support the recruitment and retention of physicians in rural and regional practices. Details on individual programs are available on the SMA website at www.sma.sk.ca.
- **Emergency Room Coverage:** This fund is directed to compensating physicians (through the Payment Schedule) for providing emergency room coverage in rural areas (see Table 27).
- **Support Services:** The Ministry of Health funds a variety of other programs administered by the Saskatchewan Medical Association, including a Liability Insurance Coverage Program, a Continuing Medical Education fund, a Long Service Retention Program, and Parental Leave Program.
- **Other Initiatives:** 1) *Family Physician Comprehensive Care and Metro On-Call Program* – Recognizes and compensates family physicians for the value and continuity of care they provide to patients when they provide a full range of services; 2) *General Practitioner Specialist Program* – Provides an incentive payment and mentorship to family physicians that provide specialty services in rural and regional areas; 3) *Quality and Access* – Encourages physicians to participate in the development and adoption of new ways of practicing to improve the quality of services and beneficiary access to services; 4) *Chronic Disease Management – Quality Improvement Program* – Voluntary program to encourage and incent physicians to continually improve their practice by adopting and utilizing the best and most current tools such as electronic medical record software, for providing high quality patient care; 5) *Rural Relief Locum Program* – The Ministry of Health provides funding to the Regional Health Authorities to support locum arrangements to assist with emergency and primary health medical services in rural areas; and, 6) *Electronic Medical Record Program* - Supports the adoption of Electronic Medical Records in physicians clinics.

Agreements with Professional Associations

- The physician agreement reached in mid-2015 between the Ministry of Health and the Saskatchewan Medical Association covered four years, April 1, 2013 to March 31, 2017. It provided physicians with general fee increases of 4.9%, along with lump sum payments equal to 3.0%. The agreement also included $6M for investing in key program areas aimed at increasing patient access to medical services, best practice, and standardized care. The agreement also included $15M for maintaining existing physician programs that are experiencing higher utilization due to the increased number of physicians in the province (ie. Family Physician Comprehensive Care Program and the Specialist Emergency Coverage Program).
- The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covered the period April 1, 2013 to March 31, 2016. It provided a one-time lump sum payment of 1.5% in 2014-15, a 2% general fee increase effective April 1, 2015 and included expansion of an existing tonometry fee code to be billed with ocular urgency fee codes, and coverage of an annual eye exam for the management of diabetic patients effective October 1, 2014.
- The dental agreement between the College of Dental Surgeons and the Ministry of Health covered three years, April 1, 2008 to March 31, 2011. It provided a zero per cent general fee increase in the first year, a 6.1% general fee increase effective April 1, 2009, and a 3% general fee increase effective April 1, 2010. The agreement also provided a total of $100,000 over the term of the agreement for new items and modernization of the Payment Schedule.

Figure 1

Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services 2011-12 to 2016-17

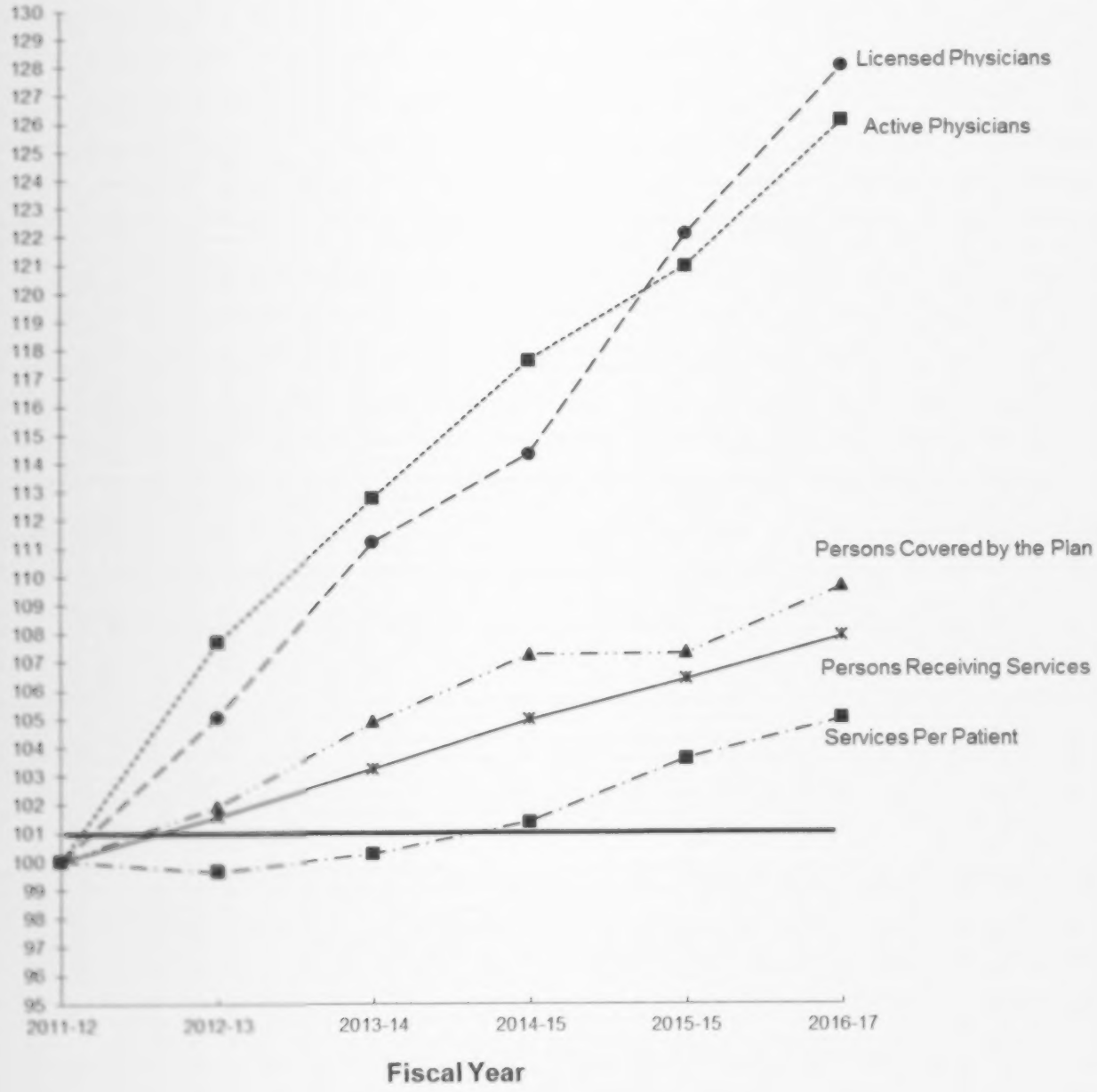


Figure 2

Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services 2010-11 to 2015-16

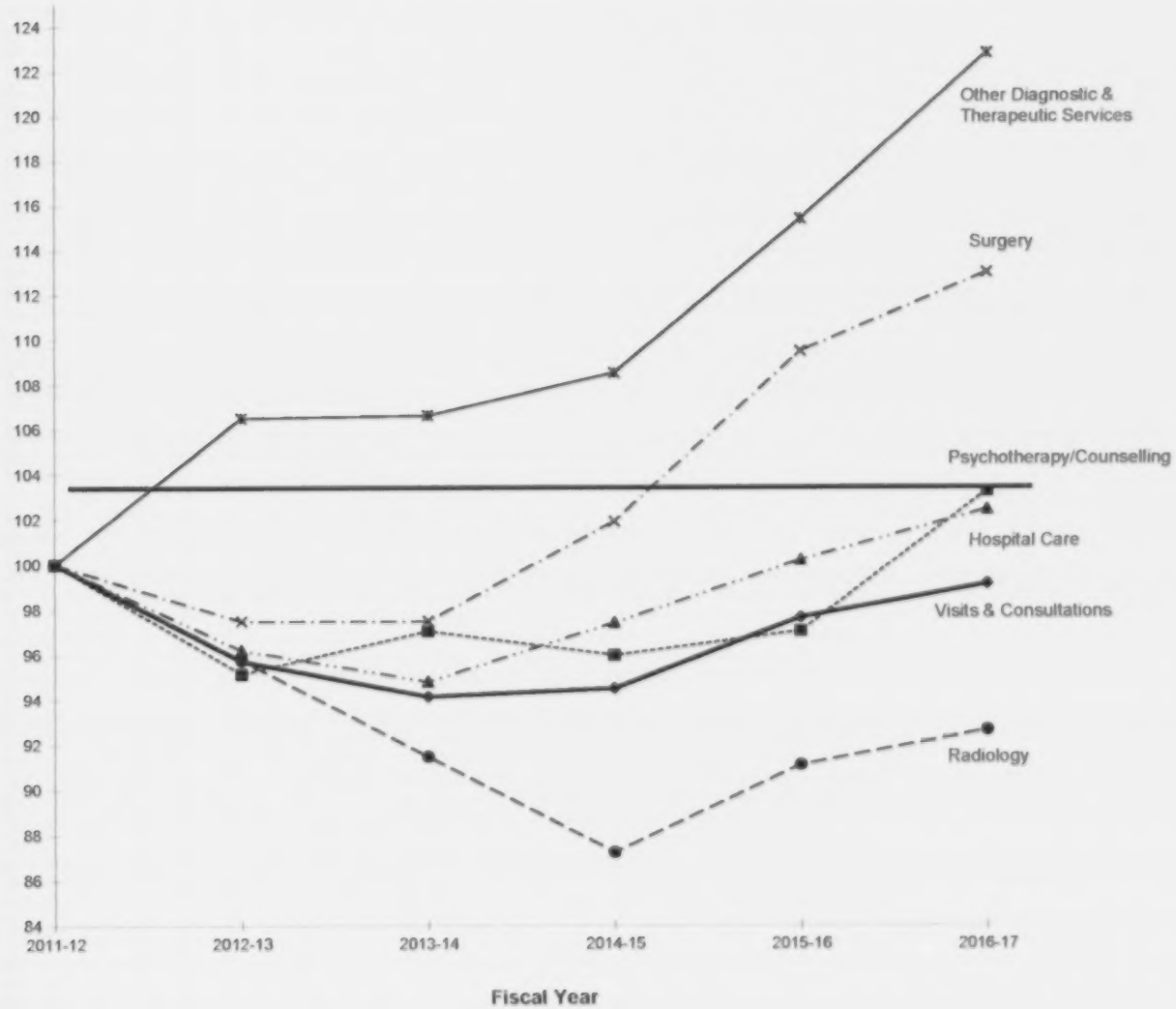


Figure 3

Per Capita Payments for Insured Services by Age and Sex of Beneficiary

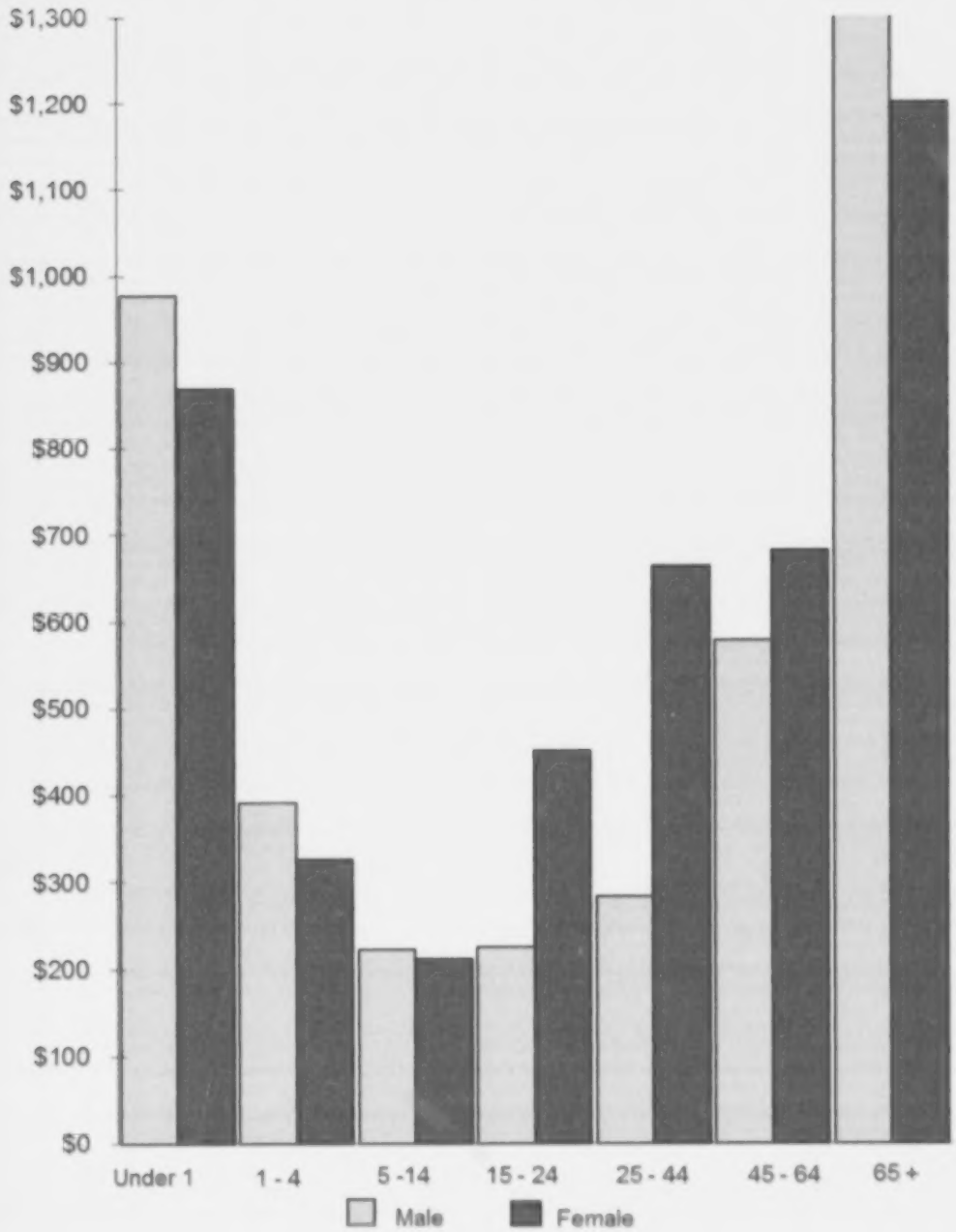
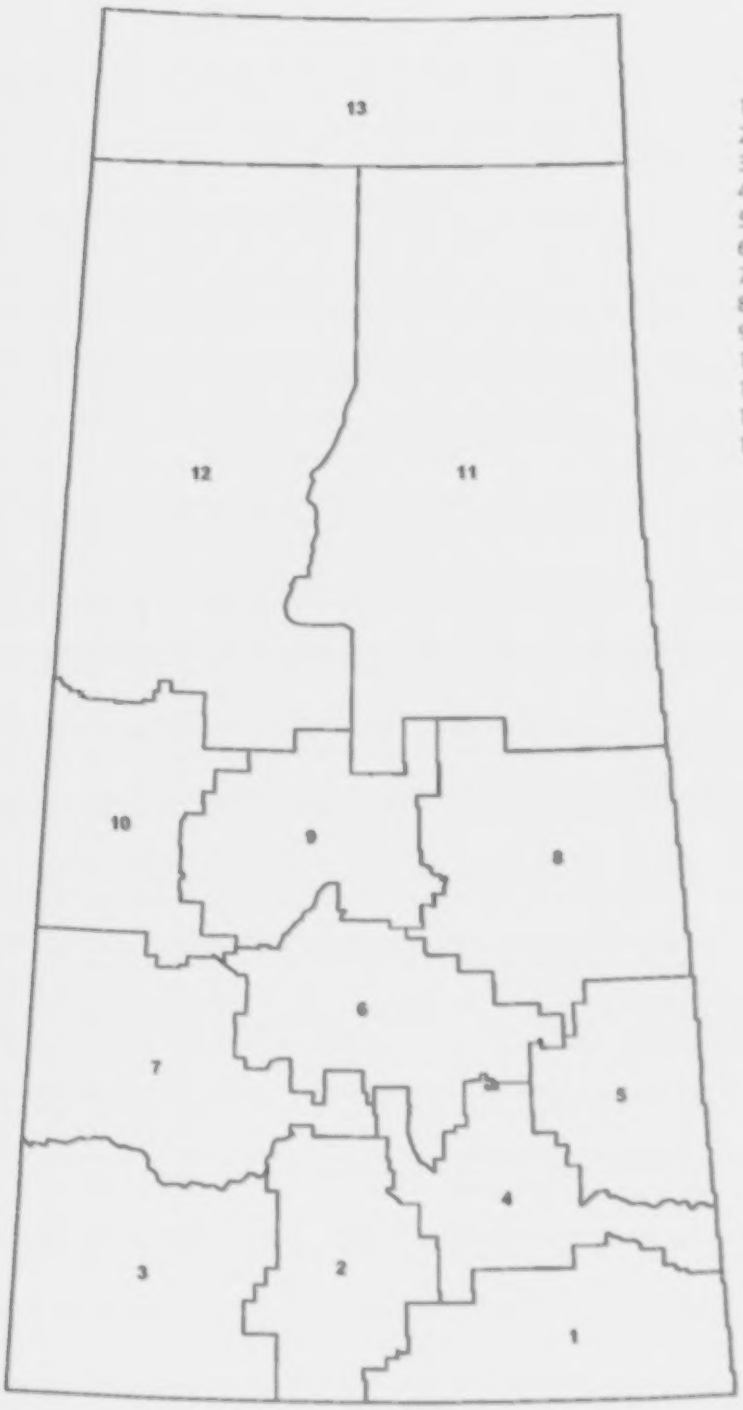


Figure 4

Map of Regional Health Authorities



1. Sun Country
2. Five Hills
3. Cypress
4. Regina Qu'Appelle
5. Sunrise
6. Saskatoon
7. Heartland
8. Kelsey Trail
9. Prince Albert Parkland
10. Prairie North
11. Mamawetan Churchill River
12. Keewatin Yatthé
13. Athabasca Health Authority